

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90027 037 \*\*\*150.00

<b>DOCUMENT # P05000098720</b> 1. Entity Name <b>ACTION AUTO LOCATORS INC.</b>					
Principal Place of Business <b>3535 S E MERICAMP RD. STE 700 OCALA, FL 34471</b>			Mailing Address <b>3535 S E MERICAMP RD. STE 700 OCALA, FL 34471</b>		
2. Principal Place of Business - No P.O. Box # <b>3535 SE Maricamp Rd.</b>		3. Mailing Address <b>3535 SE Maricamp Rd.</b>			
Suite, Apt. #, etc. <b>Ste. 700</b>		Suite, Apt. #, etc. <b>Ste. 700</b>		04122007    Chg-P    CR2E034 (12/06)	
City & State <b>Ocala, Fl.</b>		City & State <b>Ocala, Fl.</b>		4. FEI Number <b>20-3194870</b>	
Zip <b>34471</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GILDERSLEEVE, MARYSUSAN 5370 S E 28TH STREET OCALA, FL 34471</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GILDERSLEEVE, MARYSUSAN 5370 S E 28TH STREET OCALA, FL 34471</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GILDERSLEEVE, RAYMOND I 5370 S E 28TH STREET OCALA, FL 34471</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Susan Gildersleeve</u> <b>Susan Gildersleeve</b> 4/30/07    352-694-9931					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					