

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098720

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ACTION AUTO LOCATORS INC.

## Current Principal Place of Business:

3535 S E MARICAMP RD.  
STE 700  
OCALA, FL 34471

## New Principal Place of Business:

## Current Mailing Address:

3535 S E MARICAMP RD.  
STE 700  
OCALA, FL 34471

## New Mailing Address:

FEI Number: 20-3194870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILDERSLEEVE, MARYSUSAN  
5370 S E 28TH STREET  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

GILDERSLEEVE, MARYSUSAN  
5370 S E 28TH STREET  
OCALA, FL 34480 US

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.

SIGNATURE: MARYSUSAN GILDERSLEEVE

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GILDERSLEEVE, MARYSUSAN  
Address: 5370 S E 28TH STREET  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: GILDERSLEEVE, RAYMOND I  
Address: 5370 S E 28TH STREET  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GILDERSLEEVE, MARYSUSAN  
Address: 5370 S E 28TH STREET  
City-St-Zip: OCALA, FL 34480

Title: VP (X) Change ( ) Addition  
Name: GILDERSLEEVE, RAYMOND I  
Address: 5370 S E 28TH STREET  
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYSUSAN GILDERSLEEVE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date