## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000163526

SHEPUTIS, AMANDA KAY

DELAND, FL 32720 US

2607 S. WOODLAND BLVD., SUITE 216

Name:

Address:

City-St-Zip:

Entity Name: AAA ACTION PROPERTY MANAGEMENT & REALTY, INC

FILED May 01, 2009 Secretary of State

	/ / / / / / /	TION TO LICE WAS A COLUM				
Current Pr	incipal Plac	e of Business:	New Princ	New Principal Place of Business:		
1508 S. FLORAL WAY APOPKA, FL 32703 US				CLUB DRIVE DD, FL 32779	US	
Current Ma	ailing Addre	ess:	New Maili	New Mailing Address:		
2607 S. WOODLAND BLVD. SUITE 216 DELAND, FL 32720 US				156 GOLF CLUB DRIVE LONGWOOD, FL 32779 US		
FEI Number:	20-3942153	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
2607 S. WO SUITE 216	SOLVERS ( DODLAND B FL 32720 U		2607 S. W. SUITE 216	PRYOR, KATHRYN DIR 2607 S. WOODLAND BLVD. SUITE 216 DELAND, FL 32720 US		
The above in the State		submits this statement for the	purpose of changing it	s registered of	fice or registered agent, or both,	
SIGNATUR	E: KATHR	YN PRYOR		05/01/2009		
	Electro	onic Signature of Registered Ag	ent	Date		
		93(2)(b), F.S., the corporation did n	ot receive the prior notice	э.		
OFFICERS	AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PROBLEM SO	) Delete DLVERS OF CASH FLOW DLAND BLVD., SUITE 216 32720 US	Title: Name: Address: City-St-Zip:	( )(	Change()Addition	
Title: Name: Address: City-St-Zip:	PRYOR, KATI	DLAND BLVD., SUITE 216	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CORRALES,	DLAND BLVD., SUITE 216	Title: Name: Address: City-St-Zip:	( )(	Change ()Addition	
Title:	DIR (	) Delete	Title:	( ) '	Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHRYN PRYOR DIR 05/01/2009