

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000164672**  
 1. Entity Name  
**ACTION SHED SHOPPE, INC.**



Principal Place of Business      Mailing Address  
**2999 SOUTH WOODLAND BLVD**      **2999 SOUTH WOODLAND BLVD**  
**DELAND, FL 32720**      **DELAND, FL 32720**

**DO NOT WRITE IN THIS SPACE**



03052008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-3979718**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GAUSTAD, LINDA L ESQUIRE**  
**815 S VOLUSIA AVENUE STE 1**  
**ORANGE CITY, FL 32763**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000855748  
 03/27/08-80063-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HEMINGWAY, ELIZABETH
STREET ADDRESS	871 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	HEMINGWAY, JOSHUA
STREET ADDRESS	871 BUFORD AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Elizabeth Hemingway      Elizabeth Hemingway      3-10-08      386-740-1717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #