

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 23, 2007 8:00 am
Secretary of State

03-08-2007 90008 037 ***150.00

DOCUMENT # P06000030528

1. Entity Name
ACTION AUTOMOTIVE & REPAIR, INC.



Principal Place of Business
960 S. NOVA ROAD
ORMOND BEACH, FL 32174

Mailing Address
325 LITTLE OAK TRAIL
DELEON SPRINGS, FL 32130

2. Principal Place of Business - No P.O. Box #

same as above

3. Mailing Address

4 BUCCANEER COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007

Chg-P

CR2E034 (12/06)

City & State

ORMOND BEACH, FL

4. FEI Number

20-4410206

Applied For

Not Applicable

Zip

Country

Zip

Country

32176

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURTON, MARIE L
325 LITTLE OAK TRAIL
DELEON SPRINGS, FL 32130

7. Name and Address of New Registered Agent

Name Patrick R. Mickle

Street Address (P.O. Box Number is Not Acceptable)

4 BUCCANEER COVE

City Ormond Beach

FL

Zip Code

32176

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

Patrick R. Mickle President

2-27-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, GLENN M
STREET ADDRESS 788 CORDOVA AVENUE
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Delete

TITLE ST
NAME BURTON, MARIE L
STREET ADDRESS 325 LITTLE OAK TRAIL
CITY-ST-ZIP DELEON SPRINGS, FL 32130 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Patrick R. Mickle
STREET ADDRESS 4 BUCCANEER COVE
CITY-ST-ZIP Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE Vice President, Secretary,
NAME TOSKA MICKLE
STREET ADDRESS 4 BUCCANEER COVE
CITY-ST-ZIP Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE

Patrick R. Mickle President 2-27-07 (386) 615-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #