

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000030528

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** ACTION AUTOMOTIVE & REPAIR, INC.

**Current Principal Place of Business:**

960 S. NOVA ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

1850 N. NOVA ROAD  
HOLLY HILL, FL 32117

**Current Mailing Address:**

4 BUCCANEER COVE  
ORMOND BEACH, FL 32176

**New Mailing Address:**

**FEI Number:** 20-4410206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICKLE, PATRICK R  
4 BUCCANEER COVE  
ORMOND BEACH, FL 32176 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICKLE, PATRICK  
Address: 4 BUCCANEER COVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VPST  
Name: MICKLE, DEBRA  
Address: 4 BUCCANEER COVE  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: DEBRA MICKLE

VPST

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date