


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000096043 1. Entity Name AACTION TRANSMISSION OF PORT ST. LUCIE, INC.	
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Principal Place of Business 1607-A SW BILTMORE ST PORT SAINT LUCIE, FL 34984	Mailing Address 1607-A SW BILTMORE ST PORT SAINT LUCIE, FL 34984
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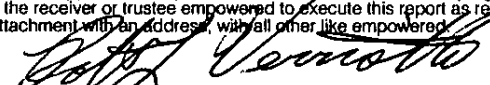
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VERRIOTTO, ROBERT L 254 SW GLENWOOD DR PORT SAINT LUCIE, FL 34984-5037

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.	U000000958391 08/25/08-80007-008 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VERRIOTTO, ROBERT L 254 SW GLENNWOOD DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VERRIOTTO, BILLIE J 254 SW GLENNWOOD DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 full other like empowered.	SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/22/08 <small>Date</small>	772 621 7400 <small>Daytime Phone #</small>
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FILED
Aug 25, 2008 08:00 AM
Secretary of State



07052008 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1525760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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