

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000096043

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** AACTION TRANSMISSION OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

673 SW SEA HOLLY TERRACE  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

673 SW SEA HOLLY TERRACE  
PORT SAINT LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 37-1525760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERRIOTTO, ROBERT L  
254 SW GLENWOOD DR  
PORT SAINT LUCIE, FL 349845037 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: DP  
Name: VERRIOTTO, ROBERT L  
Address: 254 SW GLENNWOOD DR  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: DVP  
Name: VERRIOTTO, ANTHONY L  
Address: 254 SW GLENWOOD DR  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

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: ROBERT L. VERRIOTTO

PRES

02/09/2012

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

\_\_\_\_\_  
Date