


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000102458**

1. Entity Name  
**ACTION REALTY, INC.**



**FILED**

07 JAN -4 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200083261652

01/05/07--01001--004 \*\*\*200.00



01042007 Chg-P CR2E034 (12/06)

Principal Place of Business  
**9075 STATE HIGHWAY 83  
DEFUNIAK SPRINGS, FL 32433**

Mailing Address  
**9075 STATE HIGHWAY 83  
DEFUNIAK SPRINGS, FL 32433 US**

2. Principal Place of Business - No P.O. Box #  
**9091 State Highway 83 N**  
Suite, Apt. #, etc. **Suite A S.C.**

3. Mailing Address  
**9091 State Highway 83 N**  
Suite, Apt. #, etc. **Suite A S.C.**

City & State  
**Defuniak Springs FL**

Zip  
**32433**

Country  
**USA**

4. FEI Number  
**20-5440680**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**KIEFER, BRYAN J ESQ.  
1101 GULF BREEZE HIGHWAY  
SUITE 207  
GULF BREEZE, FL 32561**

7. Name and Address of New Registered Agent  
Name **Stephanie Carroll**  
Street Address (P.O. Box Number is Not Acceptable)  
**9047 State Hwy 83**  
**Defuniak Springs**  
City **FL** Zip Code **32433**

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 **Stephanie Carroll** DATE **1/4/2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MORAN, MARSHALL 5906 DAVIS RD. FLORALA, AL 36442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAN, RAY 9075 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARROLL, BRADLEY 9047 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephanie Moran Carroll 9047 State Hwy 83 Defuniak Springs FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Stephanie Moran Carroll** DATE **1/4/2007** DAYTIME PHONE **850-859-2049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR