

2008 FOR PROFIT CORPORATION ANNUAL REPORT

05-05-2008 90234 049 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P07000107718
1. Entity Name
ACTION GAMES, COMICS & COLLECTIBLES, INC.



Principal Place of Business: 782 WEST MONTROSE STREET, CLERMONT, FL 34711
Mailing Address: 782 WEST MONTROSE STREET, CLERMONT, FL 34711

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #: etc.

3. Mailing Address
Suite, Apt. #: etc.

City & State
Zip Country

04102008 Chg-P CR2E034 (12/06)
FBI Number: 26-1193338
Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
A LAW OFFICE OF STEWART JACOBSON, P.A.
600 NORTH HIGHWAY 27
SUITE #6
MINNEOLA, FL, FL 34715

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 ~~May Fee~~ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D SCHLAZER, SCOTT 655 OLYMPIC CIRCL OCOE, FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D JACOBSON, ANTHONY 1837 VALLEY RIDGE LOOP CLERMONT, FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008

Pursuant to conversation w/ Anthony on 10/24/08
Request letter of strikes was not rec. nor 2nd notice of A/E -
Req. penalty fees be waived.
10/24/08
[Signature]

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: *[Signature]* 4-29-08 351-291-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR