


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-29-2008 90005 027 ***150.00

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|---|--|---|---|
| DOCUMENT # P07000115093 | |  | |
| 1. Entity Name ACTION SHELL CONTRACTORS, INC. | | | |
| Principal Place of Business 28720 S DIESEL DR UNIT 13 BONITA SPRINGS FL 34135 | | Mailing Address PO BOX 112948 NAPLES FL 34108 | |
| 2. Principal Place of Business - No P.O. Box # 28741 SOUTH DIESEL DR | | 3. Mailing Address | |
| Suite, Apt. #, etc. #2 | | Suite, Apt. #, etc. | |
| City & State BONITA SPRINGS, FL | | City & State | |
| Zip 34135 | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent CHRISTOPHER J. CONA P.A. 4280 TAMiami TRAIL EAST SUITE 101 NAPLES FL 34112 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <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 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD KEYES, KERRI P.O. BOX 112948 NAPLES FL 34108 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Keri Ann Keyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08

239-947-6737

Case

Daytime Phone #