

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06355

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** ACTION MANAGEMENT OF GAINESVILLE, INC.

**Current Principal Place of Business:**

6110 NW 1ST PL  
SUITE B  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

6110 NW 1ST PL  
SUITE B  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-3099887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAUSAMAN, D. JEFFREY  
6110 NW 1ST PLACE  
GAINESVILLE, FL 32607 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DV (X) Delete  
Name: KNACK, JEFFREY  
Address: 3230 NW 14 STREET  
City-St-Zip: GAINESVILLE, FL

Title: PTD ( ) Delete  
Name: SAUSAMAN, JEFF  
Address: 6110 NW 1ST PL, STE B  
City-St-Zip: GAINESVILLE, FL 32607

Title: SD ( ) Delete  
Name: MERRILL, CLAUDE  
Address: 900 SW 62ND BLVD G38  
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete  
Name: JONES, ORAIN  
Address: 5834 NE 27TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: D. JEFFREY SAUSAMAN

P

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date