

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025121

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: ACTION MANUFACTURING OF THE CAROLINAS, INC.

**Current Principal Place of Business:**

2602 NE 9TH AVENUE  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

120 N. SECREST AVE  
MONROE, NC 28112

**Current Mailing Address:**

2602 NE 9TH AVENUE  
CAPE CORAL, FL 33909

**New Mailing Address:**

FEI Number: 20-4378748      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GUARD, JOHN E  
2602 NE 9TH AVENUE  
CAPE CORAL, FL 33909      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: PCOO ( ) Delete  
Name: SHEPARD, RICHARD J  
Address: 5267 SKYLARK COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: CEOD ( ) Delete  
Name: GUARD, PAUL P  
Address: 422 SW 38TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33991

Title: SVCD ( ) Delete  
Name: GUARD, JOHN E  
Address: 2508 NW 43RD PALCE  
City-St-Zip: CAPE CORAL, FL 33993

Title: DV ( ) Delete  
Name: SEWEJKIS, THOMAS F  
Address: 16251 CR 339  
City-St-Zip: TRENTON, FL 32693

Title: VPD ( ) Delete  
Name: PILGRIM, CAROLYN E  
Address: 1422 SW 28TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: AMMONS, JAMES  
Address: 512 WEST END DR  
City-St-Zip: MONROE, NC 28112

**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:

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 exemption stated 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 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: CAROLYN PILGRIM

VP

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date