

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F43226**

1. Entity Name  
LUBEMASTER INC.



Principal Place of Business  
1950 LEE ROAD  
ORLANDO, FL 32810

Mailing Address  
1950 LEE ROAD  
ORLANDO, FL 32810

**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2117832	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARMS, JERRY  
1950 LEE ROAD  
ORLANDO, FL 32810

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000850692 03/25/08-80000-016-150.00														
<b>DO NOT WRITE IN THIS SPACE</b>																
<p><b>10. OFFICERS AND DIRECTORS</b></p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>DVS HARMS, JERRY E 1372 BOULDER DR KISSIMMEE, FL 34744</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>DPT HARMS, THOMAS C 6 OAK TREE DR SORRENTO, FL</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HARMS, JERRY E 1372 BOULDER DR KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARMS, THOMAS C 6 OAK TREE DR SORRENTO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-08 407-297-0533

Date

Daytime Phone #

**FILED  
Mar 07, 2008 08:00 A  
Secretary of State**