



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # G83754		
1. Entity Name MASTER MECHANICS OF NEW PORT RICHEY, INC.		
Principal Place of Business 6118 GRAND BLVD NEW PORT RICHEY, FL 34652 US		Mailing Address 5940 MAIN STREET NEW PORT RICHEY, FL 34652 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THOMPSON, STEVEN B. 4606 DAPHNE ST NEW PORT RICHEY, FL 34652		 02012005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2379890
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		Applied For Not Applicable
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000217637 02/07/05-80033-011 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	THOMPSON, STEVEN B.	
STREET ADDRESS	4606 DAPHNE ST	
CITY - ST - ZIP	NEW PORT RICHEY, FL	
TITLE	SD	
NAME	THOMPSON, SANDRA	
STREET ADDRESS	4606 DAPHNE ST	
CITY - ST - ZIP	NEW PORT RICHEY, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Steven B Thompson</u>		2-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #