



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 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
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DO NOT WRITE IN THIS SPACE

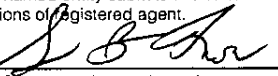


01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2379890	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 THOMPSON, STEVEN B. 4606 DAPHNE ST NEW PORT RICHEY, FL 34652	DO NOT WRITE IN THIS SPACE
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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  STEVEN B THOMPSON 4-13-07

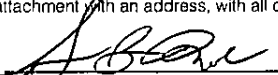
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000710749 04/25/07-80058-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, STEVEN B. 4606 DAPHNE ST NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, SANDRA 4606 DAPHNE ST NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  4-13-07 727-849-2343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #