

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002083

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: MASTER'S MECHANIC, INC.

## Current Principal Place of Business:

6445 SE 24 AVE  
OCALA, FL 34480 US

## New Principal Place of Business:

## Current Mailing Address:

3170 AIRMANS DRIVE  
UNIT #2039-HI  
FORT PIERCE, FL 34946

## New Mailing Address:

6445 SE 24TH AVE  
OCALA, FL 34480

FEI Number: 59-3583275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOODALL, CULLIE B  
6445 SE 24 AVE  
OCALA, FL 34480 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WOODALL, CULLIE B  
Address: 6445 SE 24 AVE  
City-St-Zip: Ocala, FL 34480

Title: D ( ) Delete  
Name: WOODALL, SANDRA C  
Address: 6445 SE 24 AVE  
City-St-Zip: Ocala, FL 34480

Title: D ( ) Delete  
Name: WOODALL, LILLIAN  
Address: 331 SW 68 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: MILLER, BERNICE  
Address: 4615 SE 58TH PLACE  
City-St-Zip: Ocala, FL 34480

Title: S ( ) Change (X) Addition  
Name: ESCOBAR, CATHY  
Address: 411 SE 82ND PLACE  
City-St-Zip: Ocala, FL 34480

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CULLIE B WOODALL

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date