


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000012838	
1. Entity Name MASTER MANAGEMENT SERVICES OF CENTRAL FLORIDA, INC.	

Principal Place of Business 611 W. VINE STREET, SUITE N KISSIMMEE, FL 34741	Mailing Address 611 W. VINE STREET, SUITE N KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3621271	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

SHAW, MARGARET A  
1633 EAST VINE STREET  
SUITE 120  
KISSIMMEE, FL 34744

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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 \_\_\_\_\_ (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, BRIAN M 611 W VINE ST, SUITE N KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAW, MARGARET A 611 W VINE ST, SUITE N KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/02/07-80043-014 150.00

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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: M. Shaw MARGARET A SHAW VICE PRESIDENT 02/18/07 407-846-8555

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