

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90253 032 \*\*\*150.00

**DOCUMENT # P01000000100**

1. Entity Name  
**MASTER MECHANICS, INC.**



Principal Place of Business

**5715 GALL BLVD.  
ZEPHYRHILLS, FL 33542**

Mailing Address

**5715 GALL BLVD.  
ZEPHYRHILLS, FL 33542**

**66022259**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3715207**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GUERETTE, LYNDIA  
5715 GALL BLVD.  
ZEPHYRHILLS, FL 33542**

**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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUERETTE, LYNDIA
STREET ADDRESS	6208 SILVER OAKS DR.
CITY- ST- ZIP	ZEPHYRHILLS, FL 33542
TITLE	D
NAME	GUERETTE, BRIAN
STREET ADDRESS	6208 SILVER OAKS DR.
CITY- ST- ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/06 (813) 715-4727*  
Date Daytime Phone #

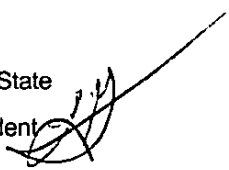
# ATTACHMENT

Master Mechanics, Inc.  
5715 Gall Blvd  
Zephyrhills, FL 33542

66022259

**Master Mechanics,  
Inc.**

## Memo

**To:** Florida Department of State  
**From:** Lynda Guerette, President   
**Date:** July 24, 2006  
**Re:** P01000000100 2006 Corporate Annual Report

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Enclosed is the 2006 Corporate Annual Report returned to us because it was not signed. I have been out for the summer and just received your letter and the returned form. I signed my copy of the annual report, but erroneously did not sign the copy that I sent you.

I am returning the enclosed form signed and dated. Please waive the penalty as I have responded as soon as I was aware of the mistake. I believed that this return was timely filed since I mailed it with payment before the due date.