

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000050885

1. Entity Name
MASTERS AUTO SERVICE, INC.



Principal Place of Business
1250 HONC LANE STE 4
CAPE CORAL, FL 33990

Mailing Address
1250 HONC LANE STE 4
CAPE CORAL, FL 33990

2. Principal Place of Business - No P.O. Box #
1250 HONC LN STE 1

3. Mailing Address
1250 HONC LN

Suite, Apt. #, etc.
1

Suite, Apt. #, etc.
STE 1

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip
33909

Country

Zip
33909

Country

6. Name and Address of Current Registered Agent

GUZMAN, RUDY
620 SE 2ND STREET
CAPE CORAL, FL 33990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 **X**

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GUZMAN, RUDY
620 SE 2ND STREET
CAPE CORAL, FL 33990

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MASELLI, CLARISA
620 SE 2ND STREET
CAPE CORAL, FL 33990

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #

**FILED
May 07, 2007 8:00 am
Secretary of State**

05-07-2007 90071 050 ***150.00

