

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90010 025 ***150.00

DOCUMENT # P01000050885

1. Entity Name

MASTERS AUTO SERVICE, INC.



Principal Place of Business

1250 HONC LANE STE 1
CAPE CORAL, FL 33909

Mailing Address

1250 HONC LANE STE 1
CAPE CORAL, FL 33909

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1106379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

GUZMAN, RUDY.

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

2536 SW 10TH AVE.

City

CAPE CORAL

FL

Zip Code

33914

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GUZMAN, RUDY
STREET ADDRESS 620 SE 2ND STREET
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE VP ☐ Delete
NAME MASELLI, CLARISA
STREET ADDRESS 620 SE 2ND STREET
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME GUZMAN, RUDY.
STREET ADDRESS 2536 SW 10TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VP ☒ Change ☐ Addition
NAME MASELLI, CLARISA
STREET ADDRESS 2536 SW 10TH AVE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUDY GUZMAN

Date

1/18/08 (239) 470-6980.

Daytime Phone #