

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90048 040 ***150.00

DOCUMENT # P01000080099					
1. Entity Name THE MASTER'S MEN QUARTET, INC.					
Principal Place of Business 5340 SUSSEX LANE PACE, FL 32571-8652			Mailing Address 5340 SUSSEX LANE PACE, FL 32571-8652		
2. Principal Place of Business 5692 Trevino Drive		3. Mailing Address 5692 Trevino Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Milton, FL		City & State Milton, FL		4. FEI Number 59-3734651	
Zip 32570		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32570		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FROMMEL, ROBERT J JR 5340 SUSSEX LANE PACE, FL 32571-8652			7. Name and Address of New Registered Agent Name <u>Charles G. Riley, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5692 Trevino Drive</u> City <u>Milton</u> <u>FL</u> <u>32570</u>		
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: <u>[Signature]</u> DATE: <u>3/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D FROMMEL, ROBERT L JR 5340 SUSSEX LANE PACE, FL 325718652	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHARLIE E 3105 SONYA STREET PACE, FL 32571	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, TERRY V 2200 HWY 182 JAY, FL 32565	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, CHARLES G JR 5692 TREVINO DRIVE MILTON, FL 32570	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/20/05</u> Daytime Phone # _____		

50030556



03182005 Chg-P CR2E034 (10/03)