

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000080099

1. Entity Name
THE MASTER'S MEN QUARTET, INC.



Principal Place of Business
**5692 TREVINO DRIVE
MILTON, FL 32570**

Mailing Address
**5692 TREVINO DRIVE
MILTON, FL 32570**



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734651 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RILEY, CHARLES G JR
5692 TREVINO DRIVE
MILTON, FL 32570**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**U000000768326
07/12/07-80003-020 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, CHARLIE E
3105 SONYA STREET
PACE, FL 32571**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MASSEY, TERRY V
2200 HWY 182
JAY, FL 32565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RILEY, CHARLES G JR
5692 TREVINO DRIVE
MILTON, FL 32570**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/07 850 626-2342