

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
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**



03032008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

U000000908946
05/06/08-80051-003 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME RILEY, CHARLES G JR
STREET ADDRESS 5692 TREVINO DRIVE
CITY-ST-ZIP 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:

Charles G. Riley Jr
Charles G. Riley Jr

3/24/08
Date

(850) 626-7342
Daytime Phone #