

FILED
Jun 04, 2004 8:00 am
Secretary of State

05-12-2004 90207 034 ***200.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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66426506



03042003 Chg-P CR2E034 (10/03)

4. EEJ Number 56-2318384 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # P03000025791

1. Entity Name
MASTER MOBILE REPAIR SERVICE, INC.



Principal Place of Business
7259 GLENDYNE DR SOUTH
JACKSONVILLE, FL 32216

Mailing Address
7259 GLENDYNE DR SOUTH
JACKSONVILLE, FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, GROVER
7259 GLENDYNE DR SOUTH
JACKSONVILLE, FL 32216

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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 P
NAME JONES, DON.
STREET ADDRESS 7259 GLENDYNE DR SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Delete

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

TITLE V
NAME WILLIAMS, RANDY
STREET ADDRESS 7259 GLENDYNE DR SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Delete

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

TITLE T
NAME THOMPSON, JILL
STREET ADDRESS 7259 GLENDYNE DR SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Delete

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

TITLE D
NAME MORANT, KELSEY
STREET ADDRESS 7259 GLENDYNE DR SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ 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 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 like empowered.

SIGNATURE: Kelsey Morant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29 2004
Date

Daytime Phone #