

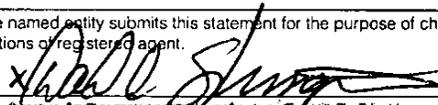
**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90313 050 \*\*\*158.75

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DOCUMENT # P03000063784			
1. Entity Name AUTO MASTERS FLEET SERVICES OF TAMPA, INC.			
Principal Place of Business 5186 126TH AVE, N CLEARWATER, FL 33760		Mailing Address PO-BOX-1659- ORANGE-PARK, FL 32067	
2. Principal Place of Business		3. Mailing Address c/o David A. King, Atty	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1416 Kingsley Avenue	
City & State		City & State Orange Park, FL	
Zip	Country	Zip	Country
		32073	USA
4. FEI Number 02-0691356		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRINGFIELD, DAVID 4124 WYNDEGATE DRIVE ORANGE-PARK, FL 32073		Name	
		Street Address (P.O. Box Number is Not Acceptable) 5109 West Beaver Street	
		City Jacksonville FL Zip Code 32254	
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 		DATE	
David A. Stringfield		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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	P	TITLE	D, P
NAME	STRINGFIELD, DAVID	NAME	
STREET ADDRESS	1124 WYNDEGATE DRIVE	STREET ADDRESS	5109 West Beaver Street
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	Jacksonville, FL 32254
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	D, VP
NAME		NAME	Karen A. Stringfield
STREET ADDRESS		STREET ADDRESS	5109 West Beaver Street
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32254
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	VP
NAME		NAME	Scott S. Bell
STREET ADDRESS		STREET ADDRESS	7716 Habersham Drive
CITY-ST-ZIP		CITY-ST-ZIP	Lakeland, FL 33810
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<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 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: 		Date	
David A. Stringfield, President		Daytime Phone #	