

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 Suite, Apt. #, etc.		3. Mailing Address c/o David A. King, Atty 1416 Kingsley Avenue		03012006 Chg-P CR2E034 (11/05)																																																	
City & State Orange Park, FL		City & State Orange Park, FL		4. FEI Number 02-0691356																																																	
Zip 32073		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent STRINGFIELD, DAVID 4124 WYNDEGATE DRIVE ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent 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 David A. Stringfield (NOTE: Registered Agent signature required when reinstating) DATE _____																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>P STRINGFIELD, DAVID</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1124 WYNDEGATE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORANGE PARK, FL 32073</td> </tr> </table>			TITLE	NAME	Delete		P STRINGFIELD, DAVID	<input type="checkbox"/>	STREET ADDRESS	1124 WYNDEGATE DRIVE		CITY-ST-ZIP	ORANGE PARK, FL 32073		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td></td> <td>D, P</td> <td style="text-align: center;"><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5109 West Beaver Street</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Jacksonville, FL 32254</td> </tr> <tr> <td></td> <td>D, VP</td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td colspan="2">Karen A. Stringfield</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5109 West Beaver Street</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Jacksonville, FL 32254</td> </tr> <tr> <td></td> <td>VP</td> <td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td colspan="2">Scott S. Bell</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7716 Habersham Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Lakeland, FL 33810</td> </tr> </table>			TITLE	NAME	Change Addition		D, P	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	5109 West Beaver Street		CITY-ST-ZIP	Jacksonville, FL 32254			D, VP	<input type="checkbox"/> <input checked="" type="checkbox"/>	NAME	Karen A. Stringfield		STREET ADDRESS	5109 West Beaver Street		CITY-ST-ZIP	Jacksonville, FL 32254			VP	<input type="checkbox"/> <input checked="" type="checkbox"/>	NAME	Scott S. Bell		STREET ADDRESS	7716 Habersham Drive		CITY-ST-ZIP	Lakeland, FL 33810	
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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: David A. Stringfield, President Date _____ Daytime Phone # _____																																																					