


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90206 016 ***150.00

DOCUMENT # P04000106350																																																																																																																																																
1. Entity Name MARKET MASTER WAX, INC.																																																																																																																																																
Principal Place of Business 2855 BROOK ST EATON PK, FL 33840			Mailing Address P.O. BOX 1904 EATON PK, FL 33840																																																																																																																																													
2. Principal Place of Business 2855 BROOKS ST		3. Mailing Address Same																																																																																																																																														
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																														
City & State LAKELAND FL		City & State		4. FEI Number 55-0875982																																																																																																																																												
Zip 33803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																												
6. Name and Address of Current Registered Agent RAY, TERI O 2855 BROOK ST EATON PK, FL 33840			7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 2931 ELIZABETH PL City: LAKELAND FL Zip Code: 33813																																																																																																																																													
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: <u>Teri O. Ray</u> PRES DATE: <u>01/05/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																														
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60030011



01052006 Chg-P CR2E034 (11/05)

4. FEI Number
55-0875982

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
 Name: Same
 Street Address (P.O. Box Number is Not Acceptable):
 2931 ELIZABETH PL
 City: LAKELAND FL Zip Code: 33813

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: Teri O. Ray PRES DATE: 01/05/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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SIGNATURE: Teri O. Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/06/05 Daytime Phone #: 863-665-1633