

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2006 90313 048 ***158.75

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1. Entity Name
AUTO MASTERS FLEET SERVICES-SOUTH JACKSONVILLE, INC.

Principal Place of Business
5109 WEST BEAVER STREET JACKSONVILLE, FL 32254 US

Mailing Address
5109 WEST BEAVER STREET JACKSONVILLE, FL 32254 - US-

2. Principal Place of Business
 Suite, Apt. #, etc.
1416 Kingsley Avenue

3. Mailing Address
c/o David A. King, Attorney



03012006 Chg-P CR2E034 (11/05)

City & State
Orange Park, FL

4. FEI Number
20-3715492

Applied For
 Not Applicable

Zip
32073

Country
USA

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

6. Name and Address of Current Registered Agent

~~GONNER, STEVEN W-
 4106 PARK AVENUE -
 ORANGE PARK, FL 32073~~

7. Name and Address of New Registered Agent

Name
David A. Stringfield

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*
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRINGFIELD, DAVID A 5109 WEST BEAVER STREET JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRINGFIELD, DAVID A 5109 WEST BEAVER STREET JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STRINGFIELD, DAVID A 5109 WEST BEAVER STREET JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA STRINGFIELD, DAVID A 5109 WEST BEAVER STREET JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP Karen A. Stringfield 5109 West Beaver Street Jacksonville, FL 32254 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *David A. Stringfield*
David A. Stringfield, President

Date

Daytime Phone #