

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135963

FILED
Aug 31, 2008
Secretary of State

Entity Name: MASTERS MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

5220 FLORENTINE COURT
SPRING HILL, FL 34608

New Principal Place of Business:

14709 US HWY. 19
HUDSON, FL 34667

Current Mailing Address:

5220 FLORENTINE COURT
SPRING HILL, FL 34608

New Mailing Address:

5220 FLORENTINE CT.
SPRINGHILL, FL 34608

FEI Number: 20-5791952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTERS, GARY H
5220 FLORENTINE CT
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

MASTERS, GARY H
5220 FLORENTINE CT.
SPRINGHILL, FL 34608 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

08/31/2008

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MASTERS, GARY H
Address: 5220 FLORENTINE COURT
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY H MASTERS

PRES

08/31/2008

Electronic Signature of Signing Officer or Director

Date