

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90026 034 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                   |                                                                                |                                                                              |  |
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| <b>DOCUMENT # P07000118929</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                   |                                                                                |                                                                              |  |
| <b>1. Entity Name</b><br><b>MUCK MASTERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                                   |                                                                                |                                                                              |  |
| <b>Principal Place of Business</b><br>2218 N WATSEEDGE DRIVE<br>CRYSTAL RIVER, FL 34429                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                   | <b>Mailing Address</b><br>2218 N WATSEEDGE DRIVE<br>CRYSTAL RIVER, FL 34429    |                                                                              |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <b>3. Mailing Address</b>                                                                         |                                                                                |                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | Suite, Apt. #, etc.                                                                               |                                                                                |                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | City & State                                                                                      |                                                                                |                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                       | Zip                                                                                               | Country                                                                        | 04142008    Chg-P    CR2E034 (12/06)                                         |  |
| <b>4. FEI Number</b> 26-1655667                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                   |                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                   |                                                                                | <b>\$8.75 Additional Fee Required</b>                                        |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                                   | <b>7. Name and Address of New Registered Agent</b>                             |                                                                              |  |
| PHILLIPS, CHERYL<br>2218 N WATSEEDGE DRIVE<br>CRYSTAL RIVER, FL 34429                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City             |                                                                              |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                                   | Zip Code                                                                       |                                                                              |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                   |                                                                                |                                                                              |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when renaming)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                   |                                                                                |                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                |                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                   |                                                                              |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PSTD<br>PHILLIPS, CHERYL<br>2218 N WATSEEDGE DRIVE<br>CRYSTAL RIVER, FL 34429 |                                                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | VICE PRESIDENT<br>PHILLIPS, RICHARD J.                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>PHILLIPS, JOHN<br>2218 N WATSEEDGE DRIVE<br>CRYSTAL RIVER, FL 34429      |                                                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | DIRECTOR<br>MILES MCKINLEY<br>7730 W. NEWCASTLE COURT<br>DUNNELLON, FL 34433 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | [Empty]                                                                       |                                                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | [Empty]                                                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | [Empty]                                                                       |                                                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | [Empty]                                                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | [Empty]                                                                       |                                                                                                   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | [Empty]                                                                      |  |
| <b>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.</b> |                                                                               |                                                                                                   |                                                                                |                                                                              |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                   | CHERYL PHILLIPS    4.10.08    852-563-0500                                     |                                                                              |  |

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