

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000092195

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** MASTER FRANCHISE SERVICES, INC.

**Current Principal Place of Business:**

656 18TH AVENUE NE  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

656 18TH AVENUE NE  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 27-1281148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUBLETT, MAGNUS  
656 18TH AVENUE NE  
ST. PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SUBLETT, MAGNUS  
Address: 656 18TH AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby 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 all other like empowered.

SIGNATURE: MAGNUS SUBLETT

D

03/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date