


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000088020</b> 1. Entity Name <b>AUTO MASTERS OF OCALA, INC.</b>	
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Principal Place of Business <b>1851 S. PINE AVE. OCALA, FL 34474 US</b>	Mailing Address <b>3910 S.W. 7TH AVENUE OCALA, FL (34474)</b> <i>34471-8144 Zip Code Changed 34471-8400</i>
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**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3213390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHANDLER, JAMES H  
3910 S.W. 7TH AVENUE  
OCALA, FL (34474)**  
*Zip Code Change 34471-8400*

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000833614 02/28/08-80020-009 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD CHANDLER, JAMES H 3910 S.W. 7TH AVE. OCALA, FL 34474</b>
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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:** *Jim Chandler* **2/18/08** **(352)-368-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #