

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040398

**FILED**  
**Apr 14, 2005**  
**Secretary of State**

**Entity Name:** AUTO MASTERS FLEET SERVICES, INC.

**Current Principal Place of Business:**

5109 BEAVER ST.  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1659  
ORANGE PARK, FL 32067

**New Mailing Address:**

FEI Number: 59-3311400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRINGFIELD, DAVID  
5109 BEAVER ST  
JACKSONVILLE, FL 32236 US

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

STRINGFIELD, DAVID  
5109 BEAVER ST  
JACKSONVILLE, FL 32254 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: DAVID STRINGFIELD

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STRINGFIELD, DAVID  
Address: 1124 WYNDEGATE DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: VP ( ) Delete  
Name: STRINGFIELD, KAREN  
Address: 1124 WYNDEGATE DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: CS ( ) Delete  
Name: TOMKINS, NICCOLE  
Address: 2874 BROOKWOOD RD  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICCOLE TOMKINS

CS

04/14/2005

Electronic Signature of Signing Officer or Director

Date