



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90313 047 \*\*\*158.75

DOCUMENT # P95000040398			
1. Entity Name AUTO MASTERS FLEET SERVICES, INC.			
Principal Place of Business 5109 BEAVER ST. JACKSONVILLE, FL 32254		Mailing Address P.O. BOX 1659 --- ORANGE PARK, FL 32067	
2. Principal Place of Business		3. Mailing Address c/o David A. King, Attorney	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1416 Kingsley Avenue	
City & State		City & State Orange Park, FL	
Zip	Country	Zip	Country
32073	USA	32073	USA
4. FEI Number 59-3311400		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRINGFIELD, DAVID 5109 BEAVER ST JACKSONVILLE, FL 32254		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	D,P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGFIELD, DAVID	NAME	5109 Beaver Street
STREET ADDRESS	1124 WYNDEGATE DR --	STREET ADDRESS	Jacksonville, FL 32254
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	D,VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGFIELD, KAREN	NAME	5109 Beaver Street
STREET ADDRESS	1124 WYNDEGATE DR	STREET ADDRESS	Jacksonville, FL 32254
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	CS <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMKINS, NICCOLE	NAME	Reynaldo J. Marquez
STREET ADDRESS	2874 BROOKWOOD RD	STREET ADDRESS	5109 West Beaver Street
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date _____ Daytime Phone # _____	
David A. Stringfield, President			