

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040398

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5109 BEAVER STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

5109 WEST BEAVER STREET  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

5109 BEAVER STREET  
JACKSONVILLE, FL 32254

**New Mailing Address:**

5109 WEST BEAVER STREET  
JACKSONVILLE, FL 32254

FEI Number: 59-3311400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STRINGFIELD, DAVID  
5109 BEAVER ST  
JACKSONVILLE, FL 32254 US

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

STRINGFIELD, DAVID  
5109 WEST 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/15/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: STRINGFIELD, DAVID  
Address: 5109 WEST BEAVER STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP  
Name: MARQUEZ, REYNALDO J  
Address: 5109 W BEAVER STREET  
City-St-Zip: JACKSONVILLE, FL 32254

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: DAVID STRINGFIELD

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

PRES

02/15/2012

\_\_\_\_\_  
Date