

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90003 043 \*\*\*150.00

**DOCUMENT # P98000010778**

1. Entity Name  
**FLEET MASTER SERVICES, INC.**



Principal Place of Business  
**13550 CITRUS GROVE BLVD  
WEST PALM BEACH, FL 33412**

Mailing Address  
**13550 CITRUS GROVE BLVD  
WEST PALM BEACH, FL 33412**

**54068708**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0845839**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DICKERSON, RUSSELL E JR  
13550 CITRUS GROVE BLVD  
WEST PALM BEACH, FL 33412**

**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 *Russell E Dickerson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

*7/6/04*  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DICKERSON, RUSSELL JR
STREET ADDRESS	13550 CITRUS GROVE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/6/04* *561-662-4926*  
Date Daytime Phone #

Attachment  
54068708

FLEET MASTER SERVICES, INC.  
13550 Citrus Grove Blvd.  
West Palm Beach, Florida 33412

August 10, 2004

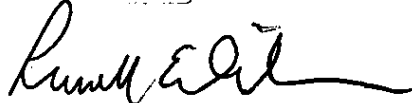
Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Fleet Master Services, Inc.  
P98000010778

Dear Sir or Madam:

Enclosed please find the annual report for the above-referenced corporation, along with my check in the amount of \$150.00 for the annual filing fee. I never received the original notification that it was time to file my annual report and, quite frankly, I was expecting a form from you like I had always received before. A post card may have well gone unnoticed in my home. Now that I know you are sending a different type of notification, I will be expecting it.

Very truly yours,



Russell Dickerson

Enclosure