2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000010736

1. Entity Name
S & K MUFFLER, INC.

Principal Place of Business	Mailing Address
1230 CASSAT AVE JACKSONVILLE, FL 32205	PO BOX 61144 JACKSONVILLE, FL 32236-1144

DO NOT WRITE IN THIS SPACE

02222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3432107	Not Applicable

5. Certificate of Status Desired   ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEELER, SCOTT
1230 CASSAT AVENUE
JACKSONVILLE, FL 32236-1144

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PVD
NAME	KEELER, SCOTT
STREET ADDRESS	P O BOX 61144
CITY-ST-ZIP	JACKSONVILLE, FL 322361144
TITLE	ST
NAME	YATES, ELIZABETH A
STREET ADDRESS	P O BOX 37520
CITY-ST-ZIP	JACKSONVILLE, FL 322367520

U00000244456
02/26/05-80022-007 150.00

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 all other like empowered.

SIGNATURE: *Elizabeth Yates*   Elizabeth Yates   2-22-05   9047770963

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