


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-22-2006 90010 041 ***150.00

DOCUMENT # P97000010736

1. Entity Name
S & K MUFFLER, INC.



Principal Place of Business
**1230 CASSAT AVE
 JACKSONVILLE, FL 32205**

Mailing Address
**PO BOX 61144
 JACKSONVILLE, FL 32236-1144**

bbuu4177



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3432107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD KEELER, SCOTT P O BOX 61144 JACKSONVILLE, FL 322361144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YATES, ELIZABETH A P O BOX 37520 JACKSONVILLE, FL 322367520
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 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: Elizabeth Yates Elizabeth Yates 3-6-06 904 777-0963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
66004177

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

S & K MUFFLER, INC.
PO BOX 61144
JACKSONVILLE, FL 32236-1144

Subject: S & K MUFFLER, INC.

Reference Number: **P97000010736**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION