


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02052007 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

6. Name and Address of Current Registered Agent

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

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

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
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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 2-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #