

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 294430

1. Entity Name
MODERN MUFFLER SHOPS, INC.



Principal Place of Business

509 SW PINE AVE
OCALA, FL 34474

Mailing Address

509 SW PINE AVE
OCALA, FL 34474



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1105039

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCOTT, JOHN S
509 SW PINE AVE
OCALA, FL 34474

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000587151
01/17/07-80022-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCOTT, JOHN S
STREET ADDRESS 509 SW PINE AVE
CITY-ST-ZIP OCALA, FL 34474

TITLE DV
NAME DUNN, JOHN W
STREET ADDRESS 7004 E HWY 318
CITY-ST-ZIP CITRA, FL 321130575

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John W. Dunn 1-8-07 352-232-8428