FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 320195

1. Entity Name
WHOLESALE MUFFLER CO INC

Principal Place of Business	Mailing Address
10 N.E. 3RD ST. HALLANDALE, FL 33009	10 N.E. 3RD ST. HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1172644

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONNAHOE, P. A., III
1700 N. 54TH AVE.
HOLLYWOOD, FL 33021

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

05/12/06-60001-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONNAHOE, P. A., III
STREET ADDRESS	1700 N. 54TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	TD
NAME	DONNAHOE, JEFFREY D.
STREET ADDRESS	1700 N. 54TH AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL
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: ✓ _____ ✓ 4/26/06 ✓ 954 458-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #