

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90032 030 \*\*\*150.00

**DOCUMENT # 320195**

1. Entity Name  
**WHOLESALE MUFFLER CO INC**



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

Mailing Address  
**10 N.E. 3RD ST.  
HALLANDALE, FL 33009**

**66013934**



04232008 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**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fee**

**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	

**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 without address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(Jeffrey D. Doncho)* ✓ **6/5/08** ✓ **954 458-7300**