

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 487311**

1. Entity Name  
MUFFLER MAN SHOP OF ST. AUGUSTINE, INC.



**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
210 N. PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

Mailing Address  
5332 AVENUE D  
ST. AUGUSTINE, FL 32095



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1623002  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOLNER, RICHARD LEE  
5232 AVENUE D  
ST AUGUSTINE, FL 32084

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEES \$150.00  
After May 1, 2005 Fee will be \$550.00

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOLNER, RICHARD LEE
STREET ADDRESS	5232 AVENUE D
CITY-ST-ZIP	ST AUGUSTINE, FL 00000,
TITLE	VST
NAME	MOLNER, ESTHER L
STREET ADDRESS	5232 AVENUE D
CITY-ST-ZIP	ST AUGUSTINE, FL 00000,
TITLE	V
NAME	MOLNER, RICHARD L
STREET ADDRESS	5232 AVENUE D
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000175811  
01/10/05-80063-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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: Esther L. Molner VST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Esther L. Molner

7/9/05 904-824-8978  
Date Daytime Phone #