

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 487311

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** MUFFLER MAN SHOP OF ST. AUGUSTINE, INC.

**Current Principal Place of Business:**

210 N. PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

5232 AVENUE D  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number:** 59-1623002      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOLNER, ESTHER L VST  
5232 AVENUE D  
ST AUGUSTINE, FL 32095      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOLNER, RICHARD LAW, RENEE  
Address: 5232 AVENUE D  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VST ( ) Delete  
Name: MOLNER, ESTHER L,  
Address: 5232 AVENUE D  
City-St-Zip: ST AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MOLNER, RICHARD L MR.  
Address: 5232 AVENUE D  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L MOLNER

PD

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date