FROM :DUCHENE ACCOUNTING &TAX FAX NO. :8132590930

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Secretary of State
05-11-2006 90245 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H01566

1. Entity Name
MULLER AUTO SALES, INC.

66019356

Principal Place of Business	Mailing Address
4700 E. HILLSBORO AVE TAMPA, FL 33610	4700 E. HILLSBORO AVE TAMPA, FL 33610

04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2406316
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRITCHARD, ROBERT
4700 E. HILLSBORO AVE
TAMPA, FL 33610

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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: _____ Agent 5-1-06
Signature required when changing registered agent address or registered agent. (NOTE: Registered Agent signature required when adding new agent.) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STELZENMULLER, ROBERT
STREET ADDRESS	4700 E HILLSBORO
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	STELZENMULLER, SUZANNE
STREET ADDRESS	4700 E HILLSBORO
CITY-ST-ZIP	TAMPA, FL
TITLE	STD
NAME	GLISCH, JOHN
STREET ADDRESS	4700 E HILLSBORO
CITY-ST-ZIP	TAMPA, 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 exemption 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 added, or an attachment with an address, with all other like empowered.

SIGNATURE: John N. Glisch John N. GLISCH 6-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #