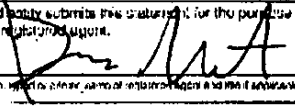
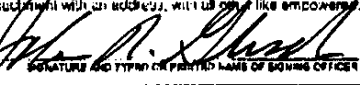


FILED
Jun 16, 2006 8:00 am
Secretary of State

05-11-2006 90245 031 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # H01586 1. Entity Name MULLER AUTO SALES, INC.		
Principal Place of Business 4700 E. HILLSBORO AVE TAMPA, FL 33610		
Mailing Address 4700 E. HILLSBORO AVE TAMPA, FL 33610		66019356 
DO NOT WRITE IN THIS SPACE		
4. PFI Number 59-2408316		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		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 agents.		
SIGNATURE OF  Agent 57-06 (Signature of Agent or Name of registered agent and PFI Number)		
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	DO NOT WRITE IN THIS SPACE
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		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 110, 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 of this report.		
SIGNATURE:  John N. GLISCH 6-12-06 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		