

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H46389**



1. Entity Name

DISCOUNT MUFFLER & CUSTOM EXHAUST, INC.

Principal Place of Business  
33900 LINDA LANE  
LEESBURG FL 34788

Mailing Address  
P.O. BOX 895761  
LEESBURG FL 34789-5761  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2602207

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEIXNER, ELKE  
33900 LINDA LANE  
LEESBURG FL 34788

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MEIXNER, ELKE  
STREET ADDRESS 33900 LINDA LANE  
CITY- ST- ZIP LEESBURG FL 34788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE P ☐ Delete  
NAME MEIXNER, DAVID W.  
STREET ADDRESS 33900 LINDA LANE  
CITY- ST- ZIP LEESBURG FL 34788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME MEIXNER, DAVID W.  
STREET ADDRESS 33900 LINDA LANE  
CITY- ST- ZIP LEESBURG FL 34788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE S ☐ Delete  
NAME MEIXNER, ELKE  
STREET ADDRESS 33900 LINDA LANE  
CITY- ST- ZIP LEESBURG FL 34788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VP ☐ Delete  
NAME MEIXNER, ALAN R.  
STREET ADDRESS 22109 BUCKHILL RD.  
CITY- ST- ZIP HOWEY IN THE HILLS FL 34737

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VP ☐ Delete  
NAME MEIXNER, TERESA J  
STREET ADDRESS 22109 N BUCKHILL RD  
CITY- ST- ZIP HOWEY IN THE HILLS FL 34737

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Elke Meixner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 8, 2005*  
Date

*352-253-0566*  
Daytime Phone #