


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent MEIXNER, ELKE 33900 LINDA LANE LEESBURG FL 34788	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
TITLE	<input type="checkbox"/> Delete
NAME	MEIXNER, ELKE
STREET ADDRESS	33900 LINDA LANE
CITY - ST - ZIP	LEESBURG FL 34788
TITLE	<input type="checkbox"/> Delete
NAME	MEIXNER, DAVID W.
STREET ADDRESS	33900 LINDA LANE
CITY - ST - ZIP	LEESBURG FL 34788
TITLE	<input type="checkbox"/> Delete
NAME	MEIXNER, ELKE
STREET ADDRESS	33900 LINDA LANE
CITY - ST - ZIP	LEESBURG FL 34788
TITLE	<input type="checkbox"/> Delete
NAME	VP MEIXNER, ALAN R.
STREET ADDRESS	22109 BUCKHILL RD.
CITY - ST - ZIP	HOWEY IN THE HILLS FL 34737
TITLE	<input type="checkbox"/> Delete
NAME	VP MEIXNER, TERESA J
STREET ADDRESS	22109 N BUCKHILL RD
CITY - ST - ZIP	HOWEY IN THE HILLS FL 34737
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000880619
04/15/08-80066-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Elke Meixner (Elke Meixner)* **April 1 2008** **352 343 5242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #