

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H46389

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: DISCOUNT MUFFLER & CUSTOM EXHAUST, INC.

**Current Principal Place of Business:**

33900 LINDA LANE  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 895761  
LEESBURG, FL 347895761 US

**New Mailing Address:**

FEI Number: 59-2602207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEIXNER, ELKE  
33900 LINDA LANE  
LEESBURG, FL 34788 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: D ( ) Delete  
Name: MEIXNER, ELKE  
Address: 33900 LINDA LANE  
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete  
Name: MEIXNER, DAVID W.  
Address: 33900 LINDA LANE  
City-St-Zip: LEESBURG, FL 34788

Title: S ( ) Delete  
Name: MEIXNER, ELKE  
Address: 33900 LINDA LANE  
City-St-Zip: LEESBURG, FL 34788

Title: VP ( ) Delete  
Name: MEIXNER, ALAN R.  
Address: 22109 BUCKHILL RD.  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: VP ( ) Delete  
Name: MEIXNER, TERESA J  
Address: 22109 N BUCKHILL RD  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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

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

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

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

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

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: ELKE MEIXNER

S

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date