


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90117 010 ***150.00

DOCUMENT # H99115 1. Entity Name MCGREGOR'S MUFFLER SHOP, INC.					
Principal Place of Business 12024 SE CTY HWY #484 P O BOX 2557 BELLEVUE, FL 32620			Mailing Address 12024 SE CTY HWY #484 P O BOX 2557 BELLEVUE, FL 32620		
2. Principal Place of Business 12024 SE CTY HWY 484		3. Mailing Address PO BOX 2557			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BELLEVUE, FL		City & State BELLEVUE, FL		4. FEI Number 59-2875671	
Zip 34420		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 34420		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGREGOR, NEWMAN L 12829 SE 55TH AVE. RD BELLEVUE, FL 34421			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code 34420 </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCGREGOR, NEWMAN L. 12024 SE CTY. HWY. 484 BELLEVUE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCGREGOR, NANCY L. 12024 SE CTY. HWY. 484 BELLEVUE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Neuman L. McGregor</i></u> NEWMAN L. MCGREGOR <u>3/11/05</u> (312) 245-5760 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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