


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L72691 1. Entity Name AMERICAN MUFFLER, INC.	
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Principal Place of Business 2780A N. STATE ROAD 7 LAUDERDALE LAKES, FL 33313 US	Mailing Address 2780A N. STATE ROAD 7 LAUDERDALE LAKES, FL 33313 US
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0193296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STANWAY, ROGER
2122 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000941104 05/28/08-80093-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGINNIS, JAMES A. 2780A N STATE ROAD 7 LAUDERDALE LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCGINNIS, JUDITH D. 2780A N. STATE ROAD 7 LAUDERDALE LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES A. MCGINNIS 5512 CLEVELAND ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGINNIS, JUDITH D 5512 CLEVELAND ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Judith D. McGinnis* **Judith D. McGinnis** **4-26-08** **954-966-2541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #