

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90289 026 \*\*\*150.00

DOCUMENT # P00000095037

1. Entity Name  
VALUE MUFFLER, INC.



Principal Place of Business  
~~1419 SOUTH FEDERAL HIGHWAY~~  
~~DANIA, FL 33004~~  
4980

Mailing Address  
~~1419 SOUTH FEDERAL HIGHWAY~~  
~~DANIA, FL 33004~~

2. Principal Place of Business  
4980 SW 52 ST #106

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004

Chg-P

CR2E034 (10/03)

City & State  
DAVIE, FL

City & State

4. FEI Number  
65-1043761

Applied For  
Not Applicable

Zip  
33314

Country  
USA

Zip

Country

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

MCGINNIS, LEILA D MCGINNIS, MICHAEL  
1419 SOUTH FEDERAL HIGHWAY 4980 SW 52 ST #106  
DANIA, FL 33004 DAVIE, FL 33314

Name  
MCGINNIS, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)  
4980 SW 52 ST #106

City  
DAVIE, FL Zip Code  
33314

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 *Michael P. McGinnis*

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, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCGINNIS, LEILA D  
1419 S FEDERAL HWY  
DANIA, FL 33004 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCGINNIS, MICHAEL  
4980 SW 52 ST #106  
DAVIE, FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Michael P. McGinnis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04 (954) 316-7282  
Date Daytime Phone #