

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-15-2005 90033 018 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000141701			
1. Entity Name JOHN M. MUELLER, INC.			
Principal Place of Business 5320 S.W. 22ND AVE. CAPE CORAL, FL 33914		Mailing Address 5320 S.W. 22ND AVE. CAPE CORAL, FL 33914	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 86-1089784		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUELLER, JOHN M 5320 S.W. 22ND AVE. CAPE CORAL, FL 33914		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 <i>John M. Mueller</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D MUELLER, JOHN M 2313 N.W. 42ND PLACE CAPE CORAL, FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/D John M Mueller 5320 SW 22nd Avenue Cape Coral, FL 33914 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Karl W Mueller 307 Tall Oaks Drive Atlanta, Ga ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ndVP/D Joseph M Mueller 5320 SW 22nd Avenue Cape Coral, FL 33914-7631 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3rd VP/D Andrew J Mueller 5320 SW 22nd Avenue Cape Coral, FL 33914-7631 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4thVP/D Matthew A Mueller 5320 SW 22nd Avenue Cape Coral, FL 33914-7631 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA/D addition Joy L Mueller 5320 SW 22nd Avenue Cape Coral, FL 33914-7631 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/D Mary L Mueller 5320 SW 22nd Avenue Cape Coral, FL 33914-7631 ☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(3)(b), Florida Statutes. I hereby 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 attached sheet with an address, with all other like empowered.			
SIGNATURE: <i>John M. Mueller</i>		3/11/05 (639) 549-4137	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	