
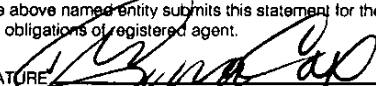
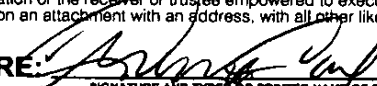


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 025 ***158.75

DOCUMENT # P06000143824 1. Entity Name GEORGE'S MUFFLER & UNDERCAR, INC.			
Principal Place of Business 503 W DETROIT BLVD PENSACOLA, FL 32534 US		Mailing Address 503 W DETROIT BLVD PENSACOLA, FL 32534 US	
2. Principal Place of Business - No P.O. Box # 505 W. Detroit Blvd		3. Mailing Address 505 W. Detroit Blvd	
Suite, Apt. #, etc. Pensacola, FL		Suite, Apt. #, etc. Pensacola, FL	
City & State Pensacola FL		City & State Pensacola FL	
Zip 32534		Zip 32534	
Country Escambia		Country Escambia	
4. FEI Number 20-5895295		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Gina Cox Street Address (P.O. Box Number is Not Acceptable) 505 W. Detroit Blvd. City Pensacola FL Zip Code 32534	
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:  DATE: 2-7-07 <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, 2007 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	D COX, GEORGE A 503 W DETROIT BLVD PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cox George A 505 W. Detroit Blvd Pensacola, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, GINA 503 W DETROIT BLVD PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres, Sec, Treasurer, D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cox, Gina 505 W. Detroit Blvd Pensacola, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 2-3-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	