2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100663

City-St-Zip:

AUBURNDALE, FL 33823

FILED Mar 13, 2009 Secretary of State

Entity Name: MUNCHEL BROTHERS INC **Current Principal Place of Business: New Principal Place of Business:** 6767 HILLIS DRIVE LAKELAND, FL 33813 **Current Mailing Address: New Mailing Address:** 6767 HILLIS DRIVE LAKELAND, FL 33813 FEI Number: 26-0897652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNCHEL, JOSEPH 6767 HILLIŚ DRIVE LAKELAND, FL 33813 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MUNCHEL, JOSEPH MUNCHEL, JOSEPH A Name: Name: 6767 HILLIS DRIVE 6767 HILLIS DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: VΡ Title: () Delete (X) Change () Addition Name: MUNCHEL, EDWARD A Name: MUNCHEL, EDWARD A 563 ANDES AVE 2831 KINSLEY DRIVE Address: Address: ORLANDO, FL 32807 LAKELAND, FL 33812 City-St-Zip: City-St-Zip: (X) Delete Title: Title: S/T () Change () Addition MUNCHEL, CHARLES D Name: Name: 216 EAGLE POINT LOOP Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EDWARD A. MUNCHEL D 03/13/2009