

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000051887

1. Entity Name
TOP GUN MUFFLER, INC.



Principal Place of Business
712 N. EGLIN PARKWAY
FORT WALTON BEACH, FL 32547

Mailing Address
712 N. EGLIN PARKWAY
FORT WALTON BEACH, FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004

Chg-P

CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

KIRKSEY, CATHERINE P
221 MOONEY ROAD N.E.
FORT WALTON BEACH, FL 32547

Name
Wesley D. Gares
Street Address (P.O. Box Number is Not Acceptable)
712 N. Eglin Pkwy.
Fort Walton Beach
City **Fort Walton Beach** **FL** Zip Code **32547**

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

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 **D** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
KIRKSEY, CATHERINE
712 N. EGLIN PARKWAY
FORT WALTON BEACH, FL 32547

TITLE
NAME **VP** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
GARES, WESLEY D
712 N. EGLIN PARKWAY
FORT WALTON BEACH, FL 32547

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Vice President** ☐ Change ☒ Addition
Richard Gares
STREET ADDRESS
CITY-ST-ZIP
712 N. Eglin Pkwy.
Fort Walton Beach, FL 32547

TITLE
NAME **President** ☒ Change ☐ Addition
Wesley D. Gares
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
900027524929
01/23/04--01061--006 **150.00

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 JAN 23 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



TR