

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90383 006 \*\*\*150.00

DOCUMENT # **P97000036694**

1. Entity Name

**PRO FIX MUFFLER & BRAKE CENTER, INC.**



Principal Place of Business

**ATTN: BRENDA HERMAN  
6945 US HWY 19 N  
PINELLAS PARK FL 33781**

Mailing Address

**4842 E. STOER LANE  
FLORAL CITY FL 34436**



2. Principal Place of Business

**3053 N. CARL G. ROSE HWY**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**HERNANDO FLORIDA**

City & State

Zip

**34442**

Country

**USA**

Zip

Country

4. FEI Number

**59-3444840**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**HERMAN, BRENDA L  
6945 US HWY 19 N  
PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name

**BRENDA L. HERMAN**

Street Address (P.O. Box Number is Not Acceptable)

**4842 E. STOER LN.**

City

**FLORAL CITY**

**FL**

Zip Code

**34436**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **HERMAN, BRENDA**  
STREET ADDRESS **6945 US HWY 19 N**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
NAME **HERMAN, BRENDA L**  
STREET ADDRESS **4842 E. STOER LN.**  
CITY-ST-ZIP **FLORAL CITY, FL. 34436**

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

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

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brenda L. Herman **BRENDA L. HERMAN** 3/6/06 352-860-2852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #