

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000036694

1. Entity Name

PRO FIX MUFFLER & BRAKE CENTER, INC.



FILED

Apr 22, 2008 08:00 AM
Secretary of State



Principal Place of Business 3053 N CARL G ROSE HWY HERNANDO FL 34442		Mailing Address 4842 E. STOER LANE FLORAL CITY FL 34436	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HERMAN, BRENDA L 4842 E STOER LANE FLORAL CITY FL 34436		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 _____ DATE _____ Signature typed or printed name of registered agent, if applicable. (NOTE: Registered agent's name is required when completing.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERMAN, BRENDA 4842 E STOER LANE FLORAL CITY FL 34436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000914085 05/09/08-80043-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIEMER, PETER 4842 E. STOER LN. FLORAL CITY FL 34436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 4/21/08 352-637-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR