FROM : Panasonic FAX SYSTEM PHONE NO. : Feb. 21 2005 10:54AM P1

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V03682

1. Entity Name
MUELLER'S MAINTENANCE & TRAVEL SERVICE, INC.

FILED
05 MAR -1 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
816 MCARTHUR AVE LEHIGH ACRES FL 33972 US	P.O. BOX 1166 LEHIGH ACRES FL 33970-1166 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0301493 ☐ 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
~~MUELLER, ANNAMARIA~~ 816 MCARTHUR AVE LEHIGH ACRES FL 33936	Name: MUELLER KLAUS Street Address (P.O. Box Number is Not Acceptable): 816 MCARTHUR AVE. City: LEHIGH ACRES FL Zip Code: 33972

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 ______ 1. 1. 2005
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, 2005 File 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUELLER, ANNAMARIA 816 MCARTHUR AVE LEHIGH ACRES FL 33972	☒ Delete	P.D. MUELLER KLAUS 816 MCARTHUR AVE LEHIGH ACRES FL 33972	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUELLER, KLAUS 816 MCARTHUR AVE LEHIGH ACRES FL 33972	☒ Delete	D KRAUS LIANE 816 MCARTHUR AVE LEHIGH ACRES FL 33972	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200048830292 03/22/05--01007--025 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ______ MUELLER KLAUS 1. 1. 2005 239-368-3061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #