


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90033 036 \*\*\*150.00

<b>DOCUMENT # V10786</b> 1. Entity Name <b>BILL'S MUFFLER &amp; BRAKE SERVICE, INC.</b>	
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Principal Place of Business <b>618 N 6TH AVE. WAUCHULA, FL 33873 US</b>	Mailing Address <b>P.O. BOX 146 WAUCHULA, FL 33873 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0310279</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BURSLER, WILLIAM R., III  
1321 MAUDE RD.  
WAUCHULA, FL 33873**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURSLER, WILLIAM R., III 1321 MAUDE RD. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURSLER, ANDREW L. 1321 MAUDE RD. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURSLER, BRAD L 1321 MAUDE RD. WAUCHULA, FL 33873
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

**SIGNATURE:**  1-18-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #