

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60216

FILED
Feb 08, 2007
Secretary of State

Entity Name: MR. AUTO INSURANCE OF MERRITT ISLAND, INC.

Current Principal Place of Business:

239 E MERRITT ISLAND CSWY.
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

239 E MERRITT ISLAND CSWY.
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-3100576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEAL, DEBRA
239 E MERRITT ISLAND CSWY.
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VEAL, DEBRA,
Address: 239 E MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISL., FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: VEAL, DEBRA,
Address: 239 E MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISL., FL 32952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L VEAL

PRES

02/08/2007

Electronic Signature of Signing Officer or Director

Date