

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60216

FILED  
Jan 13, 2010  
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 L  
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: MS  
Name: VEAL, DEBRA  
Address: 239 E MERRITT ISLAND CSWY  
City-St-Zip: MERRITT ISL., FL 32952

I hereby 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 all other like empowered.

SIGNATURE: DEBRA L VEAL

PRES

01/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date