


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90015 002 ***150.00

DOCUMENT # F31618
 1. Entity Name
 (A) MR. AUTO INSURANCE OF PINE HILLS, INC.



Principal Place of Business 1449 PINE HILLS ROAD C/O TOM VEAL ORLANDO, FL 32808-4424	Mailing Address 1449 PINE HILLS ROAD C/O TOM VEAL ORLANDO, FL 32808-4424
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40005449



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE: Number 59-2115001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 VEAL, TOM
 1449 PINE HILLS ROAD
 ORLANDO, FL

DO NOT WRITE 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 it is initial)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VEAL, TOM 1449 PINE HILLS RD ORLANDO, FL 32808
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DO NOT WRITE 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 all other like empowered.

SIGNATURE: Tom H Veal Tom H Veal 1/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #