

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F31618

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** (A) MR. AUTO INSURANCE OF PINE HILLS, INC.

**Current Principal Place of Business:**

1449 PINE HILLS ROAD  
C/O TOM VEAL  
ORLANDO, FL 328084424

**New Principal Place of Business:**

**Current Mailing Address:**

1449 PINE HILLS ROAD  
C/O TOM VEAL  
ORLANDO, FL 328084424

**New Mailing Address:**

FEI Number: 59-2115001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VEAL, TOM  
1449 PINE HILLS ROAD  
ORLANDO, FL      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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: VEAL, TOM  
Address: 1449 PINE HILLS RD  
City-St-Zip: ORLANDO, FL 32808

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: TOM VEAL

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

DP

01/23/2012

\_\_\_\_\_ Date