2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F76090

1. Entity Name
MR. AUTO INSURANCE OF WINTER GARDEN, INC.

Principal Place of Business
12750 W COLONIAL DR
WINTER GARDEN, FL 34787 US

Mailing Address
P.O. BOX 783126
WINTER GARDEN, FL 34778 US

02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2116225
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JOYCE
12750 W COLONIAL DRIVE
WINTER GARDEN, FL 34787

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	P
NAME	THOMAS, MARINO
STREET ADDRESS	12750 W COLONIAL DR
CITY-ST-ZIP	WINTER GRDN, FL 00000, 34787
TITLE	S
NAME	THOMAS, JOYCE
STREET ADDRESS	12750 W COLONIAL DR
CITY-ST-ZIP	WINTER GRDN, FL 00000, 34787
TITLE	D
NAME	VEAL, TOM
STREET ADDRESS	12750 W COLONIAL DR
CITY-ST-ZIP	WINTER GRDN, FL 00000, 34787
TITLE	T
NAME	THOMAS, MICHAEL
STREET ADDRESS	12750 W COLONIAL DR
CITY-ST-ZIP	WINTER GRDN, FL 00000, 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/06-80005-023 150.00

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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: Joyce Thomas 3/3/06 407 656-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOYCE THOMAS Date Daytime Phone #