


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 Mailing Address
12750 W COLONIAL DR **P.O. BOX 783126**
WINTER GARDEN, FL 34787 US **WINTER GARDEN, FL 34778 US**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2116225 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

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 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 NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, MARINO 12750 W COLONIAL DR WINTER GRDN, FL 00000, 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, JOYCE 12750 W COLONIAL DR WINTER GRDN, FL 00000, 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEAL, TOM 12750 W COLONIAL DR WINTER GRDN, FL 00000, 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, MICHAEL 12750 W COLONIAL DR 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* 3/3/06 656-7447
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #
 JOYCE THOMAS