

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08595

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: MR. AUTO INSURANCE OF UNION PARK, INC.

**Current Principal Place of Business:**

10440 E COLONIAL DR  
ORLANDO, FL 328174425

**New Principal Place of Business:**

**Current Mailing Address:**

10440 E COLONIAL DR  
ORLANDO, FL 328174425

**New Mailing Address:**

FEI Number: 59-2424212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOPEZ, IVAN J  
10440 E. COLONIAL DRIVE  
ORLANDO, FL 32817 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: P ( ) Delete  
Name: LOPEZ, IVAN  
Address: 3732 SHAWN CIRCLE  
City-St-Zip: ORLANDO, FL 32826

Title: S ( ) Delete  
Name: LOPEZ, JESSICA  
Address: 3732 SHAWN CIRCLE  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IVAN LOPEZ

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date