

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13456

FILED
Mar 19, 2009
Secretary of State

Entity Name: MR. AUTO INSURANCE OF OCALA, INC.

Current Principal Place of Business:

% TOM VEAL
411 SW 2ND STREET
OCALA, FL 34471 US

New Principal Place of Business:

411 SW 2ND ST
OCALA, FL 34471 US

Current Mailing Address:

% TOM VEAL
411 SW 2ND STREET
OCALA, FL 34471 US

New Mailing Address:

411 SW 2ND ST
OCALA, FL 34471 US

FEI Number: 59-2450593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEAL, TOM
411 SW 2ND STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

WOOD, DONNA R MANAGER
411 SW 2ND STREET
OCALA, FL 34471 US

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: DONNA R WOOD

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VEAL, TOM,
Address: 411 SW 2ND STREET
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VEAL, TOM H OWNER
Address: 411 SW 2ND STREET
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM VEAL

V

03/19/2009

Electronic Signature of Signing Officer or Director

Date