

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H61829

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** AAA ANTHONY'S MR. AUTO INSURANCE OF LEESBURG, INC.

**Current Principal Place of Business:**

815 N. BLVD. WEST  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

815 N. BLVD. WEST  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-2552692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANNA, ANTHONY C.  
1216 S. BAY ST  
EUSTIS, FL 32726 US

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

MANNA, ANTHONY C  
1216 S. BAY ST  
EUSTIS, FL 32726 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: ANTHONY MANNA

01/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MANNA, ANTHONY C  
Address: 1216 S.BAY ST  
City-St-Zip: EUSTIS, FL

Title: VP  
Name: MANNA, MARY E.  
Address: 1995 W. KENTUCKY AVE  
City-St-Zip: DELAND, FL

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: ANTHONY MANNA

TPD

01/23/2012

Electronic Signature of Signing Officer or Director

Date