

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K06024

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** A ABACUS MR. AUTO INSURANCE OF EAST FT. MYERS, INC.

**Current Principal Place of Business:**

451-A MARSH AV  
FT. MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

451-A MARSH AV  
FT. MYERS, FL 33905 US

**New Mailing Address:**

**FEI Number:** 65-0039280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINDBACK, DAVID C PRES  
920 SE 43 TR  
CAPE CORAL, FL 33904 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: DPT ( ) Delete  
Name: LINDBACK, DAVID C PRES  
Address: 920 SE 43RD TERR  
City-St-Zip: CAPE CORAL, FL 33904 US

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

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

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: DAVID C. LINDBACK

PTS

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date