

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L00279

1. Entity Name
MR. AUTO INSURANCE OF CRYSTAL RIVER, INC.



Principal Place of Business
**720 NE HWY 19
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**720 NE HWY 19
CRYSTAL RIVER, FL 34429 US**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2956028

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARD, CARLA ANN
720 NE HWY 19
CRYSTAL RIVER, FL 34429**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARD, CARLA ANN
STREET ADDRESS	1230 SE KINGSBAY DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	VP
NAME	BARD, JOHN J SR
STREET ADDRESS	1230 SE KINGSBAY DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	ST
NAME	LANGLEY, RACHAEL
STREET ADDRESS	1704 N. COMMON PT.
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80021-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____