

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90212 027 ***150.00

DOCUMENT # P07000013482					
1. Entity Name MR. AUTO INSURANCE OF NORTHSIDE, INC.					
Principal Place of Business 1268 EDGEWOOD AVE. WEST, SUITE 2 JACKSONVILLE, FL 32208			Mailing Address 1268 EDGEWOOD AVE. WEST, SUITE 2 JACKSONVILLE, FL 32208		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 83-0471453	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEAL, TOM 1268 EDGEWOOD AVE. WEST, SUITE 2 JACKSONVILLE, FL 32208			7. Name and Address of New Registered Agent Name JAMES REED Street Address (P.O. Box Number is Not Acceptable) 1268 Edgewood Ave. West, Suite 2 City JACKSONVILLE FL 32208		
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 JAMES REED <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(If Registered Agent Signature Required when reinstating)</small>		04-29-08 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME REED, JAMES A STREET ADDRESS 1268 EDGEWOOD AVE. WEST, SUITE 2 CITY-ST-ZIP JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WILLONS, RUSSELL STREET ADDRESS 1268 EDGEWOOD AVE. WEST, SUITE 2 CITY-ST-ZIP JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JAMES REED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-29-08 904-766-2828 <small>Date Daytime Phone #</small>		