

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013482

**FILED**  
**Mar 05, 2009**  
**Secretary of State**

**Entity Name:** MR. AUTO INSURANCE OF NORTHSIDE, INC.

**Current Principal Place of Business:**

1441 DUNN AVE., SUITE 29  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

1440 DUNN AVE.  
SUITE 29  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1441 DUNN AVE., SUITE 29  
JACKSONVILLE, FL 32218

**New Mailing Address:**

1440 DUNN AVE.  
SUITE 29  
JACKSONVILLE, FL 32218

**FEI Number:** 83-0471953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REED, JAMES A  
1440 DUNN AVE., SUITE 29  
JACKSONVILLE, FL 32218 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: D ( ) Delete  
Name: REED, JAMES A  
Address: 1268 EDGEWOOD AVE. WEST, SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Delete  
Name: WILLONS, RUSSELL  
Address: 1268 EDGEWOOD AVE. WEST, SUITE 2  
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: D (X) Change ( ) Addition  
Name: REED, JAMES A  
Address: 1440 DUNN AVE. SUITE 29  
City-St-Zip: JACKSONVILLE, FL 32208

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:** JAMES REED

**PRES**

**03/05/2009**

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

\_\_\_\_\_  
Date