

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127833

FILED
Feb 05, 2008
Secretary of State

Entity Name: MR. AUTO INSURANCE OF LAKE PLACID, INC.

Current Principal Place of Business:

3 SOUTH MAIN AVE., STE. 105
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

3 SOUTH MAIN AVE., STE. 105
LAKE PLACID, FL 33852

New Mailing Address:

P. O. BOX 1583
LAKE PLACID, FL 338621583 US

FEI Number: 26-1494627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEAL, TOM
3 SOUTH MAIN AVE., STE. 105
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

ROUNDTREE, LAURA A PRES
3 SOUTH MAIN AVE., STE. 105
LAKE PLACID, FL 33852 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: LAURA A. ROUNDTREE

02/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROUNDTREE, LAURA
Address: 3 SOUTH MAIN AVE., STE. 105
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROUNDTREE, LAURA A PRES
Address: 3 SOUTH MAIN AVE., STE. 105
City-St-Zip: LAKE PLACID, FL 33852

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: LAURA A. ROUNDTREE

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

Date