


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90392 032 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 803762
 1. Entity Name
THE AMERICAN AUTOMOBILE ASSOCIATION (INCORPORATED)



Principal Place of Business Mailing Address
1000 AAA DRIVE **1000 AAA DRIVE**
HEATHROW, FL 32746 **HEATHROW, FL 32746**

24030219



01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
53-0025420 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

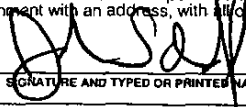
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DARBELNET, ROBERT
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW, FL
TITLE	SRVP
NAME	RINNER, RICHARD D
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW, FL
TITLE	AS
NAME	SCARFO, HENRY J.
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW, FL
TITLE	VPT
NAME	SCHAFFER, JOHN G
STREET ADDRESS	1925 WINGFIELD DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	EVP
NAME	BROWN, MARK H
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	HEATHROW, FL 327465063
TITLE	VP
NAME	PIKRALLIDAS, SUSAN G
STREET ADDRESS	1000 AAA DRIVE
CITY-ST-ZIP	LAKE MARY, FL 32746

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____