


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000117393
 1. Entity Name
AUTO CLUB INSURANCE COMPANY OF FLORIDA



Principal Place of Business Mailing Address
1515 N WESTSHORE BLVD **1515 N WESTSHORE BLVD**
TAMPA, FL 33607 **TAMPA, FL 33607**

DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5529611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
200 E GAINES ST
PO BOX 6200
TALLAHASSEE, FL 32399

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICK, LARRY 1515 N WESTSHORE BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTO, JAMES 1515 N WESTSHORE BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALONEY, SEAN H 1515 N WESTSHORE BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEE, ROBERT A 1515 N WESTSHORE BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLIN, JOHN A 1515 N WESTSHORE BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BROWN, STEVEN W 1515 N WESTSHORE BLVD TAMPA, FL 33607

U00000921171
 05/14/08-80070-020 150.00

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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: *[Signature]* **harry d. Patrick** 4-18-08 813-632-2501

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