


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S11143**  
1. Entity Name  
AUTO CLUB SOUTH INSURANCE COMPANY



Principal Place of Business      Mailing Address  
1515 NORTH WESTSHORE BLVD.      1515 NORTH WESTSHORE BLVD.  
TAMPA, FL 33607      TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**



01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3031102      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
JOHN A. TOMLIN  
1515 NORTH WESTSHORE BLVD  
TAMPA, FL 33607

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	V SHARP, ROBERT R 18710 PEPPER PIKE LANE LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, THOMAS E 315 INNER HARBOUR CIRCLE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTTS, CINDY 709 MARCO DRIVE, NE ST. PETERSBURG, FL 337022749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLIN, JOHN A 18008 CLEAR LAKE DR. LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRICK, LARRY 508 RUNNING HORSE RD SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCKEE, ROBERT A 2916 CYPRESS RIDGE PALM HARBOR, FL 34684

U00000180909  
01/14/05-80023-012 150.00

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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)(j), 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:     *Cindy M. Potts*          1/5/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #