


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90294 005 ***150.00

DOCUMENT # S11143

1. Entity Name
AUTO CLUB SOUTH INSURANCE COMPANY



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


Mailing Address
**1515 NORTH WESTSHORE BLVD.
 TAMPA, FL 33607**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40087122



04042006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3031102

Applied For
 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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SHARP, ROBERT R	
STREET ADDRESS	18710 PEPPER PIKE LANE	
CITY-ST-ZIP	LUTZ, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'BRIEN, THOMAS E	
STREET ADDRESS	315 INNER HARBOUR CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POTTS, CINDY	
STREET ADDRESS	700 MARGO DRIVE, NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 337022749	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOMLIN, JOHN A	
STREET ADDRESS	18008 CLEAR LAKE DR.	
CITY-ST-ZIP	LUTZ, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATRICK, LARRY	
STREET ADDRESS	508 RUNNING HORSE RD	
CITY-ST-ZIP	SEFFNER, FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCKEE, ROBERT A	
STREET ADDRESS	2916 CYPRESS RIDGE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	vds Bakewell, Kevin W.	
STREET ADDRESS	12594 9and way North	
CITY-ST-ZIP	Largo, FL	
TITLE	VP ACSJC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferland, Rose	
STREET ADDRESS	4355 Baseball Ford Rd	
CITY-ST-ZIP	Brooksville, FL 34602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____