


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90186 018 ***150.00

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**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40000000



04042007 Chg-P CR2E034 (12/06)

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKEWELL, KEVIN W.	
STREET ADDRESS	1515 N. WESTSHORE BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	

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:  **Kevin W. Bakewell** Date: **4/18/07** Daytime Phone #: **813 289 5057**