


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90013 007 ***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

40101000



04172008 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	7. Name and Address of New Registered Agent
JOHN A. TOMLIN 1515 NORTH WESTSHORE BLVD TAMPA, FL 33607	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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, ROBERT R	NAME	Sharp, Robert R
STREET ADDRESS	18710 PEPPER PIKE LANE	STREET ADDRESS	18710 Pepper Pike Lane
CITY-ST-ZIP	LUTZ, FL	CITY-ST-ZIP	Lutz, FL
TITLE	<input checked="" type="checkbox"/> V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, THOMAS E	NAME	
STREET ADDRESS	315 INNER HARBOUR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLIN, JOHN A	NAME	Tomlin, John A
STREET ADDRESS	18008 CLEAR LAKE DR.	STREET ADDRESS	18008 Clear Lake Dr
CITY-ST-ZIP	LUTZ, FL	CITY-ST-ZIP	Lutz, FL
TITLE	<input checked="" type="checkbox"/> V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, LARRY	NAME	Patrick, Larry
STREET ADDRESS	508 RUNNING HORSE RD	STREET ADDRESS	508 Running Horse Rd
CITY-ST-ZIP	SEFFNER, FL	CITY-ST-ZIP	Seffner, FL
TITLE	<input checked="" type="checkbox"/> VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, ROBERT A	NAME	
STREET ADDRESS	2916 CYPRESS RIDGE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKEWELL, KEVIN W	NAME	
STREET ADDRESS	1515 N. WESTSHORE BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	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:  **KEVIN W. BAKEWELL** 4/22/08 (813) 289-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Prefix #