

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 704842

1. Entity Name
AAA AUTO CLUB SOUTH, INC.



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

Mailing Address
**1515 N. WESTSHORE BLVD
TAMPA, FL 33607 US**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0475480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHARP, ROBERT R.
1515 N. WESTSHORE BLVD.
TAMPA, FL 33607**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ALLRED, TED
STREET ADDRESS	2172 HIGHWAY 92 SOUTH
CITY-ST-ZIP	FAYETTEVILLE, GA 30214

TITLE	DC
NAME	SHARP, ROBERT R
STREET ADDRESS	18710 PEPPER PIKE LANE
CITY-ST-ZIP	LUTZ, FL

TITLE	DP
NAME	OBRIEN, THOMAS E
STREET ADDRESS	315 INNER AHRBOUR CIRCLE
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	VD
NAME	TOMLIN, JOHN A.
STREET ADDRESS	18008 CLEAR LAKE DR.
CITY-ST-ZIP	LUTZ, FL

TITLE	VP
NAME	PETRILLI, MICHAEL J
STREET ADDRESS	3804 BLACKWOOD PLACE
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	VD
NAME	BAKEWELL, KEVIN W.
STREET ADDRESS	12594 92ND WAY NORTH
CITY-ST-ZIP	LARGO, FL

U00000180306

01/13/05-80053-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

Emily M. Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/05