


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
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0475480	Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	VP ALLRED, TED 2172 HIGHWAY 92 SOUTH FAYETTEVILLE, GA 30214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SHARP, ROBERT R 18710 PEPPER PIKE LANE LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OBRIEN, THOMAS E 315 INNER AHRBOUR CIRCLE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMLIN, JOHN A. 18008 CLEAR LAKE DR. LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETRILLI, MICHAEL J 3804 BLACKWOOD PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKEWELL, KEVIN W. 12594 92ND WAY NORTH LARGO, FL

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00000190306
 01/13/05-80053-022 61.25

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 1/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #