2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

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

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

04-25-2007 90186 013 ****61.25

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04042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number	Applied For
59-0475480	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

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

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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						
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKEE, ROBERT A 2916 CYPRESS RIDGE PALM HARBOR, FL 34684						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SHARP, ROBERT R 18710 PEPPER PIKE LANE LUTZ, FL		DO NOT WRITE IN THIS SPACE				
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				•		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR