2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# H70471

Entity Name: AMERICAN AUTO INSURANCE OF SOUTH GAINESVILLE, INC.

Current Principal Place of Business:

3317 S.W. ARCHER RD.
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3317 S.W. ARCHER RD.
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-2550235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZQUITA, JESUS
3317 S.W. ARCHER RD.
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: MEZQUITA, JESUS,
Address: 3317 SW ARCHER RD
City-St-Zip: GAINESVILLE, FL

Title: V ( ) Delete
Name: MEZQUITA, JOSE ALEJANDRO
Address: 3317 SW ARCHER RD
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESUS M. MEZQUITA DPS 04/28/2005

Electronic Signature of Signing Officer or Director Date