2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42171

FILED Feb 06, 2004 Secretary of State

Entity Name: AUTO CLUB SOUTH FINANCIAL SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

ROBERT R. SHARP

1515 N. WESTSHORE BOULEVARD

1515 N. WESTSHORE BLVD. TAMPA, FL 33607 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

ROBERT R. SHARP 1515 N. WESTSHORE BOULEVARD

1515 N. WESTSHORE BLVD. TAMPA, FL 33607 TAMPA, FL 33607

FEI Number: 59-2955503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARP, ROBERT R. O'BRIEN, THOMAS E 1515 N. WESTSHORE BLVD. TAMPA, FL 33607 US TAMPA, FL 33607 US

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: THOMAS E. O'BRIEN 02/06/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name:SHARP, ROBERT R.,Name:SHARP, ROBERT R.,Address:18710 PEPPER PIKE LANEAddress:18710 PEPPER PIKE LANE

City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33549

Name: O'BRIEN, THOMAS E.,
Address: 315 INNER HARBOUR CIRCLE Address: 315 INNER HARBOUR CIRCLE

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: VPS () Delete Title: () Change () Addition

 Name:
 POTTS, CINDY
 Name:

 Address:
 709 MARCO DRIVE, NE
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33702
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 TOMLIN, JOHN A.
 Name:

 Address:
 18008 CLEAR LAKE DR.
 Address:

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:

Title: VT () Delete Title: VT (X) Change () Addition

 Name:
 MAKEE, ROBERT A
 Name:
 MCKEE, ROBERT A

 Address:
 2916 CYPRESS RIDGE
 Address:
 2916 CYPRESS RIDGE

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 PALM HARBOR, FL 34684

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: CINDY POTTS VPS 02/06/2004