

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-25-2007 90186 019 ***150.00

DOCUMENT # K42171

1. Entity Name
AUTO CLUB SOUTH FINANCIAL SERVICES, INC.



Principal Place of Business
1515 N. WESTSHORE BOULEVARD
TAMPA, FL 33607

Mailing Address
1515 N. WESTSHORE BOULEVARD
TAMPA, FL 33607

40080908



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2955503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

O'BRIEN, THOMAS E
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHARP, ROBERT R.
STREET ADDRESS	18710 PEPPER PIKE LANE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	P
NAME	O'BRIEN, THOMAS E.
STREET ADDRESS	315 INNER HARBOUR CIRCLE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V
NAME	TOMLIN, JOHN A.
STREET ADDRESS	18008 CLEAR LAKE DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VT
NAME	MCKEE, ROBERT A
STREET ADDRESS	2916 CYPRESS RIDGE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	VDS
NAME	BAKEWELL, KEVIN W
STREET ADDRESS	12594 92ND WAY NORTH
CITY-ST-ZIP	LARGO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Kevin W Bakewell 4/18/07 813-289-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #