


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90254 047 ***150.00

DOCUMENT # P01000012284	
1. Entity Name AA AUTO INSURANCE, INC.	

Principal Place of Business 18 N 6 ST HAINES CITY, FL 33844	Mailing Address PO BOX 96 HAINES CITY, FL 33845
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2. Principal Place of Business 1104 Hinson Avenue Suite, Apt. #, etc.	3. Mailing Address 1104 Hinson Avenue Suite, Apt. #, etc.
City & State Haines City, FL	City & State Haines City, FL
Zip 33844	Country
Zip 33844	Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-171647 59-3700926	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 CROSTHWAITE, KAREN E 1104 EAST HINSON AVENUE HAINES CITY, FL 33844	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSTHWAITE, KAREN E 1104 EAST HINSON AVENUE HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CROSTHWAITE, KAREN E 1104 EAST HINSON AVENUE HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Karen E. Crosthwaite* **4.30.04** **863-422-4941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KAREN E. CROSTHWAITE