


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000012284 1. Entity Name AA AUTO INSURANCE, INC.	
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Principal Place of Business 1104 HINSON AVE HAINES CITY, FL 33844	Mailing Address 1104 HINSON AVE HAINES CITY, FL 33844
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04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3700926	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CROSTHWAITE, KAREN E 1104 EAST HINSON AVENUE HAINES CITY, FL 33844

**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, 2005 Fee will be \$550.00

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

U00000351960
05/03/05-80009-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSTHWAITE, KAREN E 1104 EAST HINSON AVENUE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CROSTHWAITE, KAREN E 1104 EAST HINSON AVENUE HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen E. Crosthwaite PRESIDENT 4-28-05 863-422-494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KAREN E. CROSTHWAITE
Date Daytime Phone #