

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000012284

1. Entity Name  
AA AUTO INSURANCE, INC.



Principal Place of Business  
1104 HINSON AVE  
HAINES CITY, FL 33844

Mailing Address  
1104 HINSON AVE  
HAINES CITY, FL 33844



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3700926

Applied For  
Not Applicable

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CROSTHWAITE, KAREN E  
STREET ADDRESS 1104 EAST HINSON AVENUE  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE VSTD  
NAME CROSTHWAITE, KAREN E  
STREET ADDRESS 1104 EAST HINSON AVENUE  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE  
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01/10/06 80012-015 150.00

**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: Karen E. Crosthwaite  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-06 863-422-4941

Date

Daytime Phone #