

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012284

Entity Name: AA AUTO INSURANCE, INC.

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

1104 EAST HINSON AVE
HAINES CITY, FL 33844

New Principal Place of Business:

715 CRANE DRIVE
HAINES CITY, FL 33844

Current Mailing Address:

P. O. BOX 1713
HAINES CITY, FL 33845 17

New Mailing Address:

FEI Number: 59-3700926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSTHWAITE, KAREN E
1104 EAST HINSON AVENUE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

CROSTHWAITE, KAREN E
715 CRANE DRIVE
HAINES CITY, FL 33844 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:

Electronic Signature of Registered Agent

04/29/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CROSTHWAITE, KAREN E
Address: 715 CRANE DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: VSTD
Name: CROSTHWAITE, KAREN E
Address: 715 CRANE DRIVE
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: KAREN E. CROSTHWAITE

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date