
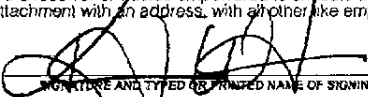


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000011211		
1. Entity Name A AMERICAN AUTO INSURANCE OF SOUTH LAKE, INC.		
Principal Place of Business 1206 W BROAD ST. GROVELAND, FL 34736	Mailing Address 1206 W BROAD ST. GROVELAND, FL 34736	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WATSON, KATINA M 1206 W BROAD ST. GROVELAND, FL 34736		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WATSON, KATINA 1206 W BROAD ST. GROVELAND, FL 34736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, TONY 1206 W BROAD ST. GROVELAND, FL 34736	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date: 2/22/06 (352) 489-0039



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1456862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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03/08/06-80031-022 150.00

**DO NOT WRITE
IN THIS SPACE**