

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000034206

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** A AA DISCOUNT AUTO INSURANCE INC.

**Current Principal Place of Business:**

5224 BANK ST  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1008 W SAGAMORE AVE  
SUITE 1  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 65-0362567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERRY, JOHN  
105 MYRTLE LN  
CLEWISTON, FL 33440      US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: AOP  
Name: PERRY, JOHN  
Address: 105 MYRTLE LN  
City-St-Zip: CLEWISTON, FL 33440

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: JOHN PERRY

AOP

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date