

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14132

FILED
Apr 11, 2006
Secretary of State

Entity Name: A ABA AMERICAN AUTO INSURANCE OF VOLUSIA, INC.

Current Principal Place of Business:

685 MASON AVE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

685 MASON AVE
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 59-3041598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVES, SUSAN
685 MASON AVE
DAYTONA BEACH, FL 32117 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAVES, SUSAN
Address: 685 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: PRINCE, WAYNE M
Address: 1441 NO ATLANTIC AVE. STE 119
City-St-Zip: DAYTONA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PRINCE, WAYNE M
Address: 1441 NO ATLANTIC AVE. STE 119
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN GRAVES

P

04/11/2006

Electronic Signature of Signing Officer or Director

Date