

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87737

FILED
Apr 27, 2004
Secretary of State

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

Current Principal Place of Business:

902 N. PINE HILLS RD.
ORLANDO, FL 32808 US

New Principal Place of Business:

633 VIA MILANO
APOPKA, FL 32712 US

Current Mailing Address:

P. O. BOX 585128
ORLANDO, FL 32858 US

New Mailing Address:

633 VIA MILANO
APOPKA, FL 32712 US

FEI Number: 59-3088641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODES, DOROTHY L
902 N. PINE HILLS RD.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

RHODES, DOROTHY L
633 VIA MILANO
APOPKA, FL 32712 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:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RHODES, DOROTHY L
Address: 902 N. PINE HILLS RD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RHODES, DOROTHY L
Address: 633 VIA MILANO
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOROTHY RHODES

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date