

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54859

**Entity Name:** A AACTION AUTO INSURANCE OF DAYTONA, INC.

**Current Principal Place of Business:**

887 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BCH., FL 32114

**Current Mailing Address:**

887 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BCH., FL 32114 US

**FEI Number:** 59-2926385

**Certificate of Status Desired:** No

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

O'BRIEN, WILLIAM T  
767 BENNETT RD.  
SOUTH DAYTONA, FL 32119 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PVT  
Name O'BRIEN, WILLIAM T  
Address 767 BENNETT RD.  
City-State-Zip: SOUTH DAYTONA FL 32119

*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:** WILLIAM T O'BRIEN

**PRESIDENT**

**02/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date