2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A ate

DOCUMENT # F0000000304 *. Entity Name WARMYR, INC.	12			Secretary of Sta
108 CAYUGA ROAD	Mailing Address 108 CAYUGA ROAD BARNEGAT, NJ 08005	!	 	\$500 8500 CON 1513 CON 2500 CON 500 CON 50
DO NOT WRITE IN THIS SPACE			03252008 4. FEI Numb 22-326	per Applied For
6. Name and Address of Current Regi	stered Agent		· <u> </u>	
NUTT, WARREN C 909 SOUTH EMERALD DRIVE KEY LARGO, FL 33037				NOT WRITE 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent agrature required when reinstaining) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution		00 May Be ed to Fees	
10. OFFICERS AND DIRE ITILE NAME MILLER, SHARON NUTT 59 WILLIS DRIVE WEST TRENTON, NJ 08625 ITILE NAME NUTT, MYRTLE L 108 CAYUGA ROAD BARNEGAT, NJ 08005 ITILE ST NUTT, WARREN C 108 CAYUGA ROAD BARNEGAT, NJ 08005 ITILE ST NUTT, WARREN C 108 CAYUGA ROAD BARNEGAT, NJ 08005 ITILE NAME SIREEI ADDRESS CITY SI ZIP ITILE NAME SIREEI ADDRESS CITY SI ZIP ITILE NAME SIREEI ADDRESS CITY SI ZIP ITILE NAME SIREEI ADDRESS CITY-SI ZIP ITILE NAME SIREEI ADDRESS CITY-SI ZIP ITILE NAME SIREEI ADDRESS CITY-SI ZIP ITILE NAME	CTORS			NOT WRITE THIS SPACE
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this f	Was done as a 15 to 11.		- 0	

12. Thereby certify that the information supplied with this filling 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:

UCRES

COGGES 7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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