## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000006192

Entity Name: ASURION FLORIDA WARRANTY SERVICES, INC.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	MERE PARK, E, TN 3721136						
Current Mailing Address:				New Mailing Address:			
P.O. BOX 110656 NASHVILLE, TN 372220656				160 BOVET ROAD SUITE 402 SAN MATEO, CA 94402			
FEI Number: 2	20-0473975	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desi	red ( )
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	New Registered Agent	:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US							
The above r in the State		ubmits this statement for the p	urpose o	f changing it	s registered o	office or registered agen	t, or both,
SIGNATUR	E:						
	Electronic	Signature of Registered Age	ent			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () [ TAWEEL, KEVIN 160 BOVET ROA SAN MATEO, CA			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	COMOLLI, BRET	E PARK, SUTIE 300		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SMITH, BYRON	Delete E PARK, SUTIE 300 37211		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () [ GIESLER, ASHLI 160 BOVET ROA SAN MATEO, CA	D, SUITE 402		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () I RISK, GERALD 160 BOVET ROA SAN MATEO, CA			Title: Name: Address: City-St-Zip:	RISK, GERALD	DAD, SUITE 402	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	REAGAN, JACI	ERE PARK, SUITE 300	

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: ASHLEY GIESLER S 04/07/2005