

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # F06000006356	
1. Entity Name TELEVISION & APPLIANCE WARRANTY, INC.	

Principal Place of Business EASTWAY PLAZA 1899 TATE BLVD. SE, SUITE 2110 HICKORY, NC 28602	Mailing Address EASTWAY PLAZA 1899 TATE BLVD. SE, SUITE 2110 HICKORY, NC 28602
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-0962758	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637
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**DO NOT WRITE
IN 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

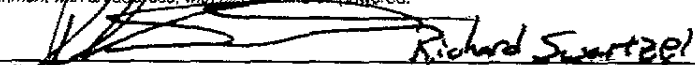
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**000000603688
01/29/07-80023-016 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SWARTZEL, RICHARD A EASTWAY PLAZA, 1899 TATE BLVD. SE, # 2110 HICKORY, NC 28602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC GARLOW, THOMAS A EASTWAY PLAZA, 1899 TATE BLVD. SE, # 2110 HICKORY, NC 28602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARLOW, JENNIFER S EASTWAY PLAZA, 1899 TATE BLVD. SE, # 2110 HICKORY, NC 28602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLOW, WILLIAM J EASTWAY PLAZA, 1899 TATE BLVD. SE, # 2110 HICKORY, NC 28602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 any address, with all other like empowered.

SIGNATURE:  **1-17-07 828 345609**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #