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	Mailing Address
EASTWAY PLAZA 1899 TATE BLVD. SE, SUITE 2110 HICKORY, NC 28602	EASTWAY PLAZA 1899 TATE BLVD. SE, SUITE 2110 HICKORY, NC 28602

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000603688
01/29/07-80023-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SWARTZEL, RICHARD A
STREET ADDRESS	EASTWAY PLAZA, 1899 TATE BLVD. SE, # 2110
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	VVC
NAME	GARLOW, THOMAS A
STREET ADDRESS	EASTWAY PLAZA, 1899 TATE BLVD. SE, # 2110
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	STD
NAME	GARLOW, JENNIFER S
STREET ADDRESS	EASTWAY PLAZA, 1899 TATE BLVD. SE, # 2110
CITY-ST-ZIP	HICKORY, NC 28602
TITLE	D
NAME	GARLOW, WILLIAM J
STREET ADDRESS	EASTWAY PLAZA, 1899 TATE BLVD. SE, # 2110
CITY-ST-ZIP	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: Richard Swartzel 1-17-07 828 3456019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #