


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90026 031 ***158.75

DOCUMENT # P99000070050					
1. Entity Name ETJ WARRANTY FINANCE CORPORATION					
Principal Place of Business 2393 S. CONGRESS AVE. WEST PALM BEACH, FL 33406			Mailing Address P.O. BOX 5417 LAKE WORTH, FL 33466-5417		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0953417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FINKELSTEIN, MYRON H 2393 S CONGRESS AVE WEST PALM BEACH, FL 33406			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINKELSTEIN, MYRON H		NAME		
STREET ADDRESS	2393 S. CONGRESS AVE.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MURSTEIN, PAUL C		NAME	D Manning, Dana	
STREET ADDRESS	2393 S. CONGRESS AVE.		STREET ADDRESS	1524 Hidden Lane	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	Anchorage, AK 99501	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEAMAN, CARL		NAME		
STREET ADDRESS	2393 S. CONGRESS AVE.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	VPTS	<input type="checkbox"/> Delete	TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, JAMES		NAME		
STREET ADDRESS	2393 S. CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRENDAMANO, JOSEPH		NAME		
STREET ADDRESS	2393 S. CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>JAMES W BLAKE, VP</u>		Date: <u>2/4/05</u>		Daytime Phone #: <u>(561) 968-9102 x109</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					