
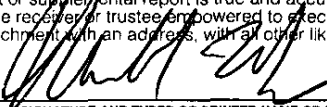


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90335 029 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # 857221</b><br>1. Entity Name<br><b>GEORGE E. WARREN CORPORATION</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>3001 OCEAN DRIVE<br/>VERO BCH., FL 32963-1953</b>   |  |   | Mailing Address<br><b>3001 OCEAN DRIVE<br/>VERO BCH., FL 32963-1953</b> |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent                             |   |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324   |  |   | Name _____  |   |  |
|   |  |   | Street Address (P.O. Box Number is Not Acceptable) _____                |   |  |
|   |  |   | City _____  |   |  |
|   |  |   | <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>MOREIN, MARK<br>657 LAKE DRIVE<br>VERO BEACH, FL 32963.                       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | V<br>SCHNEIDER, ROBERT A<br>123 SPRINGLINE DR<br>VERO BEACH, FL 32963        |
|   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>CORR, THOMAS L.<br>1265 LITTLE HARBOUR LN<br>VERO BEACH, FL 32963            | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | V<br>CORR, JOSEPH P.<br>1265 SPANISH LACE LANE<br>VERO BEACH, FL 32963       |
|   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>GEORGE, MICHAEL E<br>5010 ST. JOSEPH'S ISLAND DRIVE<br>VERO BEACH, FL 32967 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | V<br>SMITH, TIMOTHY<br>167 ANCHOR DRIVE<br>VERO BEACH, FL 32963              |
|   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>GOLDMAN, C. DAVID<br>50 ROCKEFELLER PLAZA<br>NEW YORK, NY 10020               | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | V<br>CORR, FRANCIS<br>7 RIDGELAND DR<br>STUART, FL 34996                     |
|   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CARDELFE, MICHAEL<br>308 TUTTLE AVE<br>SPRING LAKE, NJ 07762                  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Asst. Sec.<br>PARIS, MARTIN L.<br>1025 ADMIRALS WALK<br>VERO BEACH, FL 32963 |
|   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>DEAN, JOHN L. III<br>4555 4TH STREET<br>VERO BEACH, FL 32968                  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
|   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b>    |  |   |   |   | <b>772-778-7170</b>  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Michael E. George</b> Date _____  |  |   |   |   | Daytime Phone # _____  |