

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90027 010 \*\*\*150.00

DOCUMENT # F01000003914

1. Entity Name  
THE ULTIMATE WARRANTY CORPORATION



Principal Place of Business  
21360 CENTER RIDGE ROAD  
ROCKY RIVER, OH 44116

Mailing Address  
44 PIERCE STREET  
KINGSTON, PA 18704

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

21360 CENTER RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007

Chg-P

CR2E034 (12/06)

City & State

City & State

ROCKY RIVER OH

Zip

Country

Zip

44116

Country

USA

4. FEI Number

31-1538380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

## 10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	MICHAEL, DAVID	
STREET ADDRESS	21360 CENTER RIDGE RD	
CITY-ST-ZIP	ROCKY RIVER, OH 44116	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCATENA, ANTHONY R	
STREET ADDRESS	44 PIERCE STREET	
CITY-ST-ZIP	KINGSTON, PA 18704	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL, DAVID SR	
STREET ADDRESS	21360 CENTER RIDGE RD	
CITY-ST-ZIP	ROCKY RIVER, OH 44116	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, MICHAEL	
STREET ADDRESS	21360 CENTER RIDGE RD.	
CITY-ST-ZIP	ROCKY RIVER, OH 44116	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	JORDAN, EDUARDO	
STREET ADDRESS	21360 CENTER RIDGE RD.	
CITY-ST-ZIP	ROCKY RIVER, OH 44116	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BARBIAUX, JOSEPH	
STREET ADDRESS	21360 CENTER RIDGE RD.	
CITY-ST-ZIP	ROCKY RIVER, OH 44116	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, JR DAVID	
STREET ADDRESS	21360 CENTER RIDGE RD	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MICHAEL	
STREET ADDRESS	21360 CENTER RIDGE RD	
CITY-ST-ZIP	ROCKY RIVER, OH 44116	
TITLE	PRESIDENT, TREASURER, DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, EDUARDO	
STREET ADDRESS	21360 CENTER RIDGE RD	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #