

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/12/2007-90058-042-\$150.00-\$150.00

<b>DOCUMENT # F06000001231</b> 1. Entity Name <b>HOMEOWNERS PROTECTION WARRANTY COMPANY</b>						<b>FILED</b>  <b>07 AUG 27 AM 6:01</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>  	
Principal Place of Business <b>4466 U.S. HIGHWAY 441 SE.</b> <b>OKEECHOBEE FL 34974</b>				Mailing Address <b>909 BEATY AVENUE</b> <b>CORBIN KY 40701</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip				City & State  Zip			
Country				Country			
4. FEI Number <b>61-1223897</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WILDER, MARY</b> <b>4466 U.S. HIGHWAY 441 S.E.</b> <b>OKEECHOBEE FL 34974</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City			
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 remaining)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C WOODLEE, BOBBY 208 WOODLEE LANE GRAY KY 40701 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VCP HEDRICK, JANE 206 A WOODLEE LANE GRAY KY 40701 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300108660253</b> <b>08/27/07--01048--013 **408.75</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DCT-- DOCKERY, DARLA PO BOX 1241 SOMERSET KY 42504 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP KING, NORWOOD 206 B WOODLEE LANE GRAY KY 40701 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Section 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.							
<b>SIGNATURE:</b> <i>Jane Hedrick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>7/9/07 604528-8244</b> <small>Page 1 of 1</small>			