

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001231

FILED
Apr 15, 2008
Secretary of State

Entity Name: HOMEOWNERS PROTECTION WARRANTY COMPANY

Current Principal Place of Business:

4466 U.S. HIGHWAY 441 SE.
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

909 BEATY AVENUE
CORBIN, KY 40701

New Mailing Address:

P.O. BOX 1564
CORBIN, KY 40702

FEI Number: 01-1223897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDER, MARY
4466 U.S. HIGHWAY 441 S.E.
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WOODLEE, BOBBY
Address: 208 WOODLEE LANE
City-St-Zip: GRAY, KY 40701

Title: VCP () Delete
Name: HEDRICK, JANE
Address: 206 A WOODLEE LANE
City-St-Zip: GRAY, KY 40701

Title: DST () Delete
Name: DOCKERY, DARLA
Address: PO BOX 1241
City-St-Zip: SOMERSET, KY 42504

Title: DVP () Delete
Name: KING, NORWOOD
Address: 206 B WOODLEE LANE
City-St-Zip: GRAY, KY 40701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: POYNTER, LONNIE
Address: 4810 N. HWY 27
City-St-Zip: WHITLEY CITY, KY 42653 US

Title: VCP (X) Change () Addition
Name: MEADOWS, STEPHANIE
Address: HWY. 700
City-St-Zip: MARSHES SIDING, KY 42634 US

Title: DST (X) Change () Addition
Name: GILREATH, CAROLYN
Address: JOE NEAL RD.
City-St-Zip: PARKERS LAKE, KY 42634 US

Title: DVP (X) Change () Addition
Name: DIXON, TERRI
Address: MOORE HILL RD.
City-St-Zip: CORBIN, KY 40701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE POYNTER

PRES

04/15/2008

Electronic Signature of Signing Officer or Director

Date