

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K23572**

1. Entity Name  
**WARRENTON ENTERPRISES CORPORATION**



Principal Place of Business  
**3785 AIRPORT ROAD, STE B-2  
NAPLES, FL 34105 US**

Mailing Address  
**3785 AIRPORT ROAD, STE B-2  
NAPLES, FL 34105 US**



02162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>98-0049591</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GRANT, RICHARD C.  
5551 RIDGEWOOD DRIVE  
SUITE 501  
NAPLES, FL 33963**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CUUNJIENG, WILLIAM R.  
STREET ADDRESS 3785 AIRPORT ROAD, STE B-2  
CITY-ST-ZIP NAPLES, FL 34105

TITLE SD  
NAME ANCANAN, NOEL L  
STREET ADDRESS 3785 AIRPORT ROAD, STE B-2  
CITY-ST-ZIP NAPLES, FL 34105

TITLE VD  
NAME CHAN, VICKI A.  
STREET ADDRESS 3785 AIRPORT ROAD, STE B-2  
CITY-ST-ZIP NAPLES, FL 34105

TITLE TD  
NAME ANCANAN, JOCELYN C  
STREET ADDRESS 3785 AIRPORT ROAD, STE B-2  
CITY-ST-ZIP NAPLES, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000834961  
02/29/08-80015-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Joelyn Anacan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08  
Date

239-2635095  
Daytime Phone #