

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M92477

1. Entity Name

WARRANTY MANAGERS, INC.



Principal Place of Business

**6053 LEXINGTON PK.
ORLANDO, FL 32819**

Mailing Address

**6053 LEXINGTON PK.
ORLANDO, FL 32819**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2911161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARRITY, WILLIAM J.
6053 LEXINGTON PARK
ORLANDO, FL 32819**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GARRITY, WILLIAM J.
STREET ADDRESS	6053 LEXINGTON PARK
CITY-STATE-ZIP	ORLANDO, FL
TITLE	VP
NAME	GARRITY, FRANCIS D.
STREET ADDRESS	217 E ST JOSEPH ST
CITY-STATE-ZIP	INDIANAPOLIS, IN
TITLE	S
NAME	BOUGHTON, MARY JANE
STREET ADDRESS	31 FOREST VIEW CIRCLE
CITY-STATE-ZIP	CICERO, IN
TITLE	D
NAME	GARRITY, WILLIAM JAMES
STREET ADDRESS	4565 RUTLAND DUNN TOWNLINE RD.
CITY-STATE-ZIP	OREGON, WI
TITLE	D
NAME	GARRITY, JAMES J
STREET ADDRESS	6053 LEXINGTON PARK
CITY-STATE-ZIP	ORLANDO, FL
TITLE	DS
NAME	GARRITY, FRANCES R.
STREET ADDRESS	6053 LEXINGTON PARK
CITY-STATE-ZIP	ORLANDO, FL

U00000529487
05/05/06-80073-009 150.00

**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.

(407) 876-0929

SIGNATURE:

Mary Jane Boughton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Jane Boughton, Secretary

4/18/06

Date

Daytime Phone #