2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # M92477

1. Entity Name
WARRANTY MANAGERS, INC.

Principal Place of Business	Mailing Address
6053 LEXINGTON PK. ORLANDO, FL 32819	6053 LEXINGTON PK. ORLANDO, FL 32819

04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2911161
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000902506
04/30/08-80008-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARRITY, WILLIAM J.
STREET ADDRESS	6053 LEXINGTON PARK
CITY-ST-ZIP	ORLANDO, FL
TITLE	ST
NAME	BOUGHTON, MARY JANE
STREET ADDRESS	31 FOREST VIEW CIRCLE
CITY-ST-ZIP	CICERO, IN
TITLE	EVPD
NAME	MCNABNEY, WILLIAM J
STREET ADDRESS	325 MIRON DRIVE #140
CITY-ST-ZIP	SOUTHLAKE, TX 76092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Jane Boughton 4/11/08 (407) 876-0929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secretary/Treasurer — Date — Daytime Phone #