


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # P00000017505	
1. Entity Name WARNER MESSAGE, INC.	

Principal Place of Business 1449 ADAMS CIRCLE W. LARGO, FL 33771	Mailing Address 1449 ADAMS CIRCLE W. LARGO, FL 33771
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DO NOT WRITE IN THIS SPACE



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3621446	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ.
401 S. LINCOLN AVENUE
LARGO, FL 33756

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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 _____ 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WARNER, DOUGLAS 1449 ADAMS CIRCLE W. LARGO, FL 33771
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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: Douglas Warner **DOUGLAS WARNER** **25 FEB 07 (727) 804-5356**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #