

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90052 015 ***150.00

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1. Entity Name

4WARRANTY CORPORATION



Principal Place of Business

2301 PARK AVE., SUITE 402
ORANGE PARK FL 32073-5558

Mailing Address

2301 PARK AVE., SUITE 402
ORANGE PARK FL 32073-5558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3675673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, BARBARA
5914 GRACE LANE
JACKSONVILLE FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Barbara Palmer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME WILSON, STEPHEN R
STREET ADDRESS 11440 COUNTY RD. 13N
CITY-ST-ZIP ST. AUGUSTINE FL 32092-8930

TITLE VS ☐ Delete
NAME PALMER, BARBARA P
STREET ADDRESS 5914 GRACE LANE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE VT ☐ Delete
NAME CRAWFORD, DONALD E
STREET ADDRESS P. O. BOX 786
CITY-ST-ZIP WAYNESBORO GA 30830

TITLE VICE President ☐ Delete
NAME LARA Anthony
STREET ADDRESS 213 Fleming Forest Lane
CITY-ST-ZIP Orange Park, FL 32003

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 (904) 215-9804

Date

Daytime Phone #