

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091273

FILED
Jan 11, 2006
Secretary of State

Entity Name: 4WARRANTY CORPORATION

Current Principal Place of Business:

2301 PARK AVE., SUITE 402
ORANGE PARK, FL 320735558

New Principal Place of Business:

Current Mailing Address:

2301 PARK AVE., SUITE 402
ORANGE PARK, FL 320735558

New Mailing Address:

FEI Number: 59-3675673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, BARBARA
5914 GRACE LANE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WILSON, STEPHEN R
Address: 11440 COUNTY RD. 13N
City-St-Zip: ST. AUGUSTINE, FL 320928930

Title: VS () Delete
Name: PALMER, BARBARA P
Address: 5914 GRACE LANE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VT () Delete
Name: CRAWFORD, DONALD E
Address: P. O. BOX 786
City-St-Zip: WAYNESBORO, GA 30830

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LARA, ANTHONY H
Address: 213FLEMING FOREST LANE
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA PALMER

VP

01/11/2006

Electronic Signature of Signing Officer or Director

Date