


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000091273

1. Entity Name
4WARRANTY CORPORATION



Principal Place of Business Mailing Address

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For

59-3675673 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**PALMER, BARBARA
 5914 GRACE LANE
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

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* DATE: **1-23-2008**

Signature, typed or printed name of registered agent and State. (Inapplicability) NOTE: Registered Agent's signature requires when contributing

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WILSON, STEPHEN R	
STREET ADDRESS	11440 COUNTY RD. 13N	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092-8930	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PALMER, BARBARA P	
STREET ADDRESS	5914 GRACE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CRAWFORD, DONALD E	
STREET ADDRESS	P. O. BOX 786	
CITY-ST-ZIP	WAYNESBORO GA 30830	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARA, ANTHONY H	
STREET ADDRESS	213 FLEMING FOREST LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara Palmer* **BARBARA P PALMER** DATE: **1-23-08** DAY: **904-215-8804**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: No Phone #