

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90003 031 \*\*\*558.75

**DOCUMENT # P01000112477**

1. Entity Name  
THE GUARDIAN WARRANTY CORPORATION OF  
FLORIDA, INC.



Principal Place of Business  
2937 S. ATLANTIC AVENUE  
OCEANS 8 - APARTMENT 503  
DAYTONA BEACH SHORES, FL 32118

Mailing Address  
P.O. BOX 68  
AVOCA, PA 18641

07012004



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2360039	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00**  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIMONGELLI, JOSEPH 10 WEST SUNRISE DRIVE PITTSTON, PA 18640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFRANCESCO, SALVATORE 51 HALE STREET PITTSTON, PA 18640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIMONGELLI, DANIEL 1849 BEAR CREEK BOULEVARD WILKES BARRE, PA 18702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCH STULTZ, JOHN 6225 ANGLE ROAD GRANTVILLE, PA 17028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #