

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90013 015 ***150.00

DOCUMENT # P02000133440

1. Entity Name

WARNER MANAGEMENT, INC.



Principal Place of Business

**101 PLAZA REAL S
405
BOCA RATON FL 33432**

Mailing Address

**101 PLAZA REAL S
405
BOCA RATON FL 33432**



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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **55-0812409**

Applied For

Not Applicable

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARNER, JOSEPH C
101 PLAZA REAL SOUTH
APT 405
BOCA RATON FL 33432**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
WARNER, JOSEPH C
101 PLAZA REAL SOUTH, APT 405
BOCA RATON FL 33432 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
WANER MERYLL A
101 PLAZA REAL SOUTH, APT 405
BOCA RATON FL 33432 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
WARNER, Meryll A. ☒ Change ☐ Addition

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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:

Joseph C. Warner Joseph C. Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-391-7482

Daytime Phone #