

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90045 011 ***150.00

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03252005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000001813 1. Entity Name THE EXOTIC WARRANTY COMPANY					
Principal Place of Business 421 10TH AVE W PALMETTO, FL 34221			Mailing Address 421 10TH AVE W PALMETTO, FL 34221		
2. Principal Place of Business 3809 MANATEE AVE E		3. Mailing Address 3809 MANATEE AVE E			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BRADENTON FL		City & State BRADENTON FL		4. FEI Number 02-0662101	
Zip 34208		Country MANATEE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EVANS, BENJAMIN R 423 10TH AVE W PALMETTO, FL 34221			7. Name and Address of New Registered Agent Name EVANS, BENJAMIN R Street Address (P.O. Box Number is Not Acceptable) 3809 MANATEE AVE E City BRADENTON FL Zip Code 34208		
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: 3/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME EVANS, BENJAMIN STREET ADDRESS 421 10TH AVE W. CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE EVANS, BENJAMIN NAME STREET ADDRESS 3809 MANATEE AVE E. CITY-ST-ZIP BRADENTON FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			3/29/05 941-748-9666 <small>Date Daytime Phone #</small>		