


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90011 015 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P03000060426 1. Entity Name AUTOMOTIVE WARRANTY SERVICE GROUP OF FLORIDA INC | | | |  | |
| Principal Place of Business 8304 NW 40TH COURT SUITE 100 CORAL SPRINGS, FL 33065 US | | | Mailing Address 8304 NW 40TH COURT SUITE 100 CORAL SPRINGS, FL 33065 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1189846 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MCCRACKEN, CHRISTOPHER T 8304 N.W 40TH COURT SUITE 100 CORAL SPRINGS, FL 33065 | | | | 7. Name and Address of New Registered Agent Name MARIJO - KACZMAR Street Address (P.O. Box Number is Not Acceptable) 8304 NW 40TH CT. City Coral Springs FL Zip 33065 | |
| 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 <u><i>K Cassidy</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP | P KACZMAR, MARIJO 8304 NW 40TH COURT CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCCRACKEN, CHRISTOPHER T 8304 NW 40TH COURT CORAL SPRINGS, FL 33065 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS CASSIDY, MARK A 4222 NW 92NR TERRACE CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRES CASSIDY, KIMBERLY P 4222 NW 92ND TERRACE CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>K Cassidy</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date <u>3/19/07</u> Daytime Phone # _____ | | |

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