

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90235 001 ***150.00

DOCUMENT # P03000091823			
1. Entity Name WARNER PROCESSING, INC.			
Principal Place of Business 6940 EASTON WAY SARASOTA, FL 34238		Mailing Address 6940 EASTON WAY SARASOTA, FL 34238	
2. Principal Place of Business - No P.O. Box # 5351 Colony Meadows Ln		3. Mailing Address 5357 Country Meadows Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL 34233		City & State Sarasota, FL	
Zip 34233		Zip 34233	
Country		Country	
4. FEI Number 13-4261818		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 WARNER, NICOLE M 6940 EASTON WAY SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name: Warner Nicole M Street Address (P.O. Box Number is Not Acceptable): 5357 Colony Meadows Lane City: SARASOTA FL Zip Code: 34233	
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>Nicole M. Warner</u> DATE: <u>2/5/08</u> <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, 2008 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: D NAME: WARNER, NICOLE M STREET ADDRESS: 10109 REAGAN DAIRY TRAIL CITY-ST-ZIP: BRADENTON, FL 34212	<input type="checkbox"/> Delete	TITLE: P NAME: Warner, Nicole M STREET ADDRESS: 5357 Colony Meadows Lane CITY-ST-ZIP: SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Nicole M. Warner</u>		SIGNATURE: <u>Nicole M. Warner</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <u>2.4.08</u> <small>Daytime Phone #</small>	