


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90068 025 \*\*\*150.00

<b>DOCUMENT # P03000123011</b> 1. Entity Name <b>WARWICK ESTATES, INC.</b>			
Principal Place of Business <b>1050 RINGLING BLVD.</b> <b>SARASOTA, FL 34236</b>		Mailing Address <b>1050 RINGLING BLVD.</b> <b>SARASOTA, FL 34236</b>	
2. Principal Place of Business <b>1990 Main Street</b> Suite, Apt. #, etc. <b>Suite 801</b> City & State <b>Sarasota, FL</b> Zip <b>34236</b>		3. Mailing Address <b>1990 Main Street</b> Suite, Apt. #, etc. <b>Suite 801</b> City & State <b>Sarasota, FL</b> Zip <b>34236</b>	
4. FEI Number <b>20-0371056</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LPS CORPORATE SVCS., INC.</b> <b>46 NORTH WASHINGTON BLVD., #1</b> <b>STE. 1</b> <b>SARASOTA, FL 34236</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOUDGE, CATHERINE ANNE <del>1050 RINGLING BLVD.</del> <del>SARASOTA, FL 34236</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1990 Main Street, Suite 801</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIRCH, CAROLINE E <del>1050 RINGLING BLVD.</del> <del>SARASOTA, FL 34236</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1990 Main Street, Suite 801</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLENDINNING, RENE M <del>1050 RINGLING BLVD.</del> <del>SARASOTA, FL 34236</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1990 Main Street, Suite 801</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHLEY, DAVID MARTIN <del>1050 RINGLING BLVD.</del> <del>SARASOTA, FL 34236</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1990 Main Street, Suite 801</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHLEY, ANNA MARGARET <del>1050 RINGLING BLVD.</del> <del>SARASOTA, FL 34236</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1990 Main Street, Suite 801</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMERSET, RICHARD JAMES <del>1050 RINGLING BLVD.</del> <del>SARASOTA, FL 34236</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1990 Main Street, Suite 801</b> <b>Sarasota, FL 34236</b>
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>Rene M. Glendinning</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/14/06 (941) 365-4617 <small>Date Daytime Phone #</small>	