

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000056229

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** WARNER INSURANCE GROUP, INC.

**Current Principal Place of Business:**

757 NW FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

757 NW FEDERAL HWY  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 27-0493789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASCUALI, ELIZABETH  
757 NW FEDERAL HWY  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPS  
Name: WARNER, ROBERT  
Address: 1443 NW SPRUCE RIDGE DRIVE  
City-St-Zip: STUART, FL 34994

Title: PT  
Name: PASCUALI, ELIZABETH  
Address: 1443 NW SPRUCE RIDGE DRIVE  
City-St-Zip: STUART, FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH PASCUALI

AGNT

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date