

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000017605**

1. Entity Name  
**WARRANTECH AUTOMOTIVE OF FLORIDA, INC.**



Principal Place of Business

**2200 HIGHWAY 121  
100  
BEDFORD, TX 76021**

Mailing Address

**2200 HIGHWAY 121  
100  
BEDFORD, TX 76021**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**06-1364457**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CEO
NAME	SAN ANTONIO, JOEL
STREET ADDRESS	2200 HIGHWAY 121, SUITE 100
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	D
NAME	MORGANTEEN, JAMES
STREET ADDRESS	350 BEDFORD STREET, SUITE 203
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	CFO
NAME	GAVINO, RICHARD F
STREET ADDRESS	2200 HIGHWAY 121, SUITE 100
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	SVP
NAME	FOLZ, JEANINE
STREET ADDRESS	2200 HIGHWAY 121, SUITE 100
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	VP
NAME	DALEY, WILLIAM
STREET ADDRESS	2200 HIGHWAY 121, SUITE 100
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000552504  
05/15/06-80015-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exp

4-27-06

Date

817-785-1366

Daytime Phone #