

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90029 013 ***150.00

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1. Entity Name
WARREN FINANCIAL CORPORATION

Principal Place of Business
**3158 CARLOS DRIVE
 DUNEDIN, FL 34698 US**

Mailing Address
**3158 CARLOS DRIVE
 DUNEDIN, FL 34698 US**

50017638



2. Principal Place of Business
2723 Belle Haven Dr

3. Mailing Address
P O Box 242

01202005 Chg-P CR2E034 (10/03)

City & State
Clearwater, FL

City & State
Dunedin, FL

4. FEI Number
59-3215538

Applied For
 Not Applicable

Zip
33763

Country
USA

Zip
34697

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WARREN, JAMES D 3158 CARLOS DR DUNEDIN, FL 34698		Name James D Warren Street Address (P.O. Box Number is Not Acceptable) 2723 Belle Haven Drive City Clearwater, FL Zip Code 33763	

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, the registered agent.

SIGNATURE: *James D. Warren* DATE: *2-16-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD WARREN, JAMES D 3158 CARLOS DR DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2723 Belle Haven Drive Clearwater, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James D. Warren PD* DATE: *2-16-05* DAYTIME PHONE #: *727-797-0818*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR