2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	WILLIAMP 13		i jan	}			Tr _a l	L 00 30	nc ne	0.00	N /I	
DOCUMENT # P96000053114 1. Entity Name			w.				Feb 09, 2006 08:00 AM Secretary of State					
FLORIDA TOOL WARRANTY, INC.												
Principal Place of Business Mailing A			ddress	}								
4509-B ORIENT RD P O BO TAMPA FL 33610 - TAMPA US US		75069 FL 33675	}									
;		3. Mailing	Address				,,			man man man	(4.00)	
Suite, Apt. #, etc.			ot. if, etc.					MOORE	CR2E03	4 (10/05)		
City & State		City & S	State			4. 1	El Nombe	["] 59-338605	52		pplied For	
Zìp	Country	Zip	<u> </u>	Coun	ntry			of Status Desired		\$8.75 Ad Fee Require		
	gent			7. 1	lame and	Address of New	Registered	Agent				
KAUFMAN, DAVID L 10751 57TH ST PINELLAS PARK FL 337B2			}		Name							
			}		Strest Addit	ess (P.O. E	s (P.O. Box Number is Not Acceptable)					
FIN	ELLAS PARK FL 33/62		. }		}							
					City		·		FI	Zìp Cad	et	
8. The above the obligation	named entity submits this statement follows of registered agent	the purpose	of changing its re	gister	ed office or reg	gistered ag	ent, or bot	h, in the State of F	lorida. I am	familiar with	, and acco	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicate	w (NOTE)!	Regislare	d Agent signature re	ednied Ayer te	enstating!		DATE			
7	ILE NOW!!! FEE IS \$150.00	a deposit on a	· · · · · · · · · · · · · · · · · · ·			<u> </u>		9. Election Camp		cino \$5	.00 May	
	May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department of		}					Trust Fund Co			led to Fee	
10.	OFFICERS AND	DIRECTORS		11.		AD	DITIONS/	CHANGES TO OF	FICERS AN	D DIRECTOR	IS IN 11	
TITLE	VDT		☐ Delete	TITL	-					Change	☐ Ad©	
NAME STREET ADDRESS	MACFAWN, FRED 6815 EAST 14TH AVE	1	}	MAM	ET ADDRESS			HOOGOG42	28045			
CITY-SI-ZIP	TAMPA FL 33619-2918			•	-ST-ZIP		0	00000042 08-80 <mark>/21/2</mark> 1	ĴŎ32-01	6 150.0	Ū	
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NAME STREET ADDRESS	KOCH, MARTIN R 6815 EAST 14TH AVE		}	NAM	, ,							
CITY-ST-ZIP	TAMPA FL 33619-2918	-		2	ES ADDRESS -ST-ZIP							
TITLE	VDS		☐ Delete	TOTAL						☐ Change	——i □ Mili	
NAME PERFET LODGECE	BOWLING, JAMES E		}	В	E							
STREET ADDRESS CITY-ST-ZIP	6815 EAST 14TH AVE TAMPA FL 33619-2918		}	1	.ET AUDRESS { -ST-ZIP							
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NAME .				NAM	l l							
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NAME			{	NAM	٤							
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NAME STREET ADDRESS			}	NAMI STRE	E ADDRESS							
Crty-St-ZIP			{		-ST-ZIP							

12. I hereby certify that the information supplied with the filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic indicated on this report or supplemental report is true and adjurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block if changed, or on an attachment with an addition, with an additional statutes.

SIGNATURE:

2/6/06

93-626-2193

FILED