2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066300

City-St-Zip:

MOBILE, AL 36693

Entity Name: WARRANTY ACCEPTANCE CORPORATION

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
4400 GOV MOBILE, A	'ERNMENT BO AL 36693	DULEVARD				
Current Mailing Address:			New Mailing Address:			
4400 GOV MOBILE, A	'ERNMENT BO AL 36693	DULEVARD				
FEI Number: 63-1180065 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Sta		Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and A	Address o	of New Registered Agent:	
SUITE 120 TALLAHAS	COLLEGE AV 00 SSEE, FL 323	01 US	nurnoso of changing its	rogistoro	d office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing its	registere	a office of registered agent, or both,	
SIGNATUI						
Election Car		nic Signature of Registered Ag g Trust Fund Contribution ().	ent		Date	
		- ,,	ADDITIONS	(OLIANO)		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	P (THOMPSON, J 4400 GOVERN MOBILE, AL 3	IMENT BLVD	Name: Address:		(X) Change () Addition I, J. CLAUDE RNMENT BLVD . 36693	
Title: Name: Address: City-St-Zip:	V (MYERS, JAY 4400 GOVERN MOBILE, AL 3		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S (BAYMILLER, D 4400 GOVERN MOBILE, AL 3	IMENT BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	T (BLAKENEY, P. 4400 GOVERN		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DOUGLAS A. BAYMILLER S 04/26/2005