## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000066300

BLAKENEY, PAMELA

MOBILE, AL 36693

4400 GOVERNMENT BLVD

Name:

Address:

City-St-Zip:

Entity Name: WARRANTY ACCEPTANCE CORPORATION

FILED Apr 20, 2006 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
4400 GOV MOBILE, A	ERNMENT B AL 36693	OULEVARD			
Current Mailing Address:			New Mailing Address:		
4400 GOV MOBILE, A	ERNMENT B AL 36693	OULEVARD			
FEI Number	: 63-1180065	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
MILLER, TRAVIS L 106 EAST COLLEGE AVENUE SUITE 1200 TALLAHASSEE, FL 32301 US			MILLER, TRAVIS L 201 SOUTH BRONOUGH STREET SUITE 200 TALLAHASSEE, FL 32301 US		
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/20/2006	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( THOMPSON, 4400 GOVERI MOBILE, AL 3	NMENT BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V ( MYERS, JAY 4400 GOVERI MOBILE, AL (		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( BAYMILLER, I 4400 GOVERI MOBILE, AL (	NMENT BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	Т (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS A. BAYMILLER S 04/20/2006