

FILED
Jun 06, 2007 8:00 am
Secretary of State

04-19-2007 90414 008 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

4/1

DOCUMENT # P97000059858 1. Entry Name WARITEX, INC.																																		
Principal Place of Business 3660 PIZARRO RD. JACKSONVILLE, FL 32217		Mailing Address 3660 PIZARRO RD. JACKSONVILLE, FL 32217																																
DO NOT WRITE IN THIS SPACE																																		
5. Name and Address of Current Registered Agent WAREH, M.F. 3880 PIZARRO RD. JACKSONVILLE, FL 32217		DO NOT WRITE IN THIS SPACE																																
11. The above named entry 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: <u>[Signature]</u> DATE: <u>5-2-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when re-registering)																																		
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		12. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS																																		
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>WAREH, M.F.</td></tr><tr><td>STREET ADDRESS</td><td>3880 PIZARRO RD.</td></tr><tr><td>CITY - ST - ZIP</td><td>JACKSONVILLE, FL 32217</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>			TITLE	P	NAME	WAREH, M.F.	STREET ADDRESS	3880 PIZARRO RD.	CITY - ST - ZIP	JACKSONVILLE, FL 32217	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>6-1-07</u> Date																																