2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90089 035 ***150.00

DOCUMENT # S97367

1. Entity Name
WARNING.SYSTEMS,INC.

Principal Place of Business	Mailing Address
579 PINE RANCH E. RD OSPREY, FL 34229 US	579 PINE RANCH E. RD OSPREY, FL 34229 US

03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0320700
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARDEMAN, THOMAS P.
579 PINE RANCH E. RD
OSPREY, FL 34229

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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 registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITZEL, RICHARD M.
STREET ADDRESS	101 E. KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	MARTIN, RICHARD A
STREET ADDRESS	2301 RINGLING ROAD
CITY-ST-ZIP	SARASOTA, FL
TITLE	PS
NAME	HARDEMAN, THOMAS P.
STREET ADDRESS	579 PINE RANCH E. RD
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	CHUMBLEY, KENNETH
STREET ADDRESS	5128 LEATH DR
CITY-ST-ZIP	NASHVILLE, TN 37211
TITLE	C
NAME	SWANSON, JOHN P.
STREET ADDRESS	145 WINDING MEADOW DR
CITY-ST-ZIP	FLAT ROCK, NC 28731
TITLE	D
NAME	OWEN, BOB F.
STREET ADDRESS	811 BEN LOMOND DRIVE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

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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: Thomas P. Hardeman Thomas P. Hardeman 4/19/04 941-966-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #