

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90090 048 ***150.00

DOCUMENT # S97367

1. Entity Name
WARNING SYSTEMS, INC.



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

Mailing Address
**579 PINE RANCH E. RD
OSPREY, FL 34229 US**

40054877



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0320700

Applied For
Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 translating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MITZEL, RICHARD M.**
CITY-ST-ZIP **1007 W. CLEVELAND ST
TAMPA, FL 33606**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MARTIN, RICHARD A**
CITY-ST-ZIP **2301 RINGLING ROAD
SARASOTA, FL**

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **HARDEMAN, THOMAS P.**
CITY-ST-ZIP **579 PINE RANCH E. RD
OSPREY, FL 34229**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHUMBLEY, KENNETH**
CITY-ST-ZIP **617 MEADOWS CRT
RANTOUL, IL 61866**

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **SWANSON, JOHN P.**
CITY-ST-ZIP **1 VALOIS PLACE
HENDERSONVILLE, NC 28739**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OWEN, BOB F.**
CITY-ST-ZIP **811 BEN LOMOND DRIVE
TEMPLE TERRACE, FL 33617**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1520 w. Cleveland St.**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Ronald G. Mosby**
CITY-ST-ZIP **2218 Bowman Rd.
Franklin, TN 37064-4916**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Kenneth B. Roberts**
CITY-ST-ZIP **1470 misty Lane
Centerville, TN 37033**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **maurice G. Romine**
CITY-ST-ZIP **107 Clifftmore Place
Madison, AL 35758**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Wallace K. Tzuha**
CITY-ST-ZIP **225 Rex Blvd.
Auburn Hills, MI 48326**

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:

Thomas P. Hardeman **Thomas P. Hardeman** 4/5/07 941-966-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #