

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97367

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: WARNING SYSTEMS, INC.

## Current Principal Place of Business:

579 PINE RANCH E. RD  
OSPREY, FL 34229 US

## New Principal Place of Business:

## Current Mailing Address:

579 PINE RANCH E. RD  
OSPREY, FL 34229 US

## New Mailing Address:

FEI Number: 65-0320700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MITZEL, RICHARD M.,  
Address: 1520 W. CLEVELAND ST.  
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete  
Name: MARTIN, RICHARD A  
Address: 2301 RINGLING ROAD  
City-St-Zip: SARASOTA, FL

Title: PS ( ) Delete  
Name: HARDEMAN, THOMAS P.,  
Address: 579 PINE RANCH E. RD  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: CHUMBLEY, KENNETH  
Address: 617 MEADOWS CRT  
City-St-Zip: RANTOUL, IL 61866

Title: C ( ) Delete  
Name: SWANSON, JOHN P.  
Address: 1 VALOIS PLACE  
City-St-Zip: HENDERSONVILLE, NC 28739

Title: D ( ) Delete  
Name: OWEN, BOB F.  
Address: 811 BEN LOMOND DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: HARDEMAN, THOMAS P.,  
Address: 579 PINE RANCH E. RD  
City-St-Zip: OSPREY, FL 34229

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: THOMAS P. HARDEMAN

VC

04/01/2009

Electronic Signature of Signing Officer or Director

Date