

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060264

Entity Name: WARRANTEED SYSTEMS, INC.**Current Principal Place of Business:**4755 TAMIAMI TRAIL NORTH
#88
NAPLES, FL 34103**Current Mailing Address:**4755 TAMIAMI TRAIL NORTH
#88
NAPLES, FL 34103 US**FEI Number:** 65-0599214**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHAPPELL, KEVIN
4755 TAMIAMI TRAIL NORTH
#88
NAPLES, FL 34103 US*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**Officer/Director Detail :**Title PSTD
Name CHAPPELL, KEVIN R
Address 4755 TAMIAMI TRAIL NORTH
#88
City-State-Zip: NAPLES FL 34103Title FO
Name CHAPPELL, KEVIN R
Address 4755 TAMIAMI TRAIL NORTH
#88
City-State-Zip: NAPLES FL 34103Title VP
Name CHAPPELL, KEVIN R
Address 4755 TAMIAMI TRAIL NORTH
#88
City-State-Zip: NAPLES FL 34103Title VP
Name CHAPPELL, KEVIN R
Address 4755 TAMIAMI TRAIL NORTH
#88
City-State-Zip: NAPLES FL 34103Title TRES
Name CHAPPELL, KEVIN R
Address 4755 TAMIAMI TRAIL NORTH
#88
City-State-Zip: NAPLES FL 34103Title VP
Name CHAPPELL, KEVIN R
Address 4755 TAMIAMI TRAIL NORTH
#88
City-State-Zip: NAPLES FL 34103

I hereby 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 all other like empowered.

SIGNATURE: KEVIN R. CHAPPELL

PRES

04/26/2016

Electronic Signature of Signing Officer/Director Detail_____
Date