

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000037589

**Entity Name:** ABSOLUTE WARRANTY, INC.

**Current Principal Place of Business:**

3902 S. OLD HWY 94  
ST. CHARLES, MO 63304

**Current Mailing Address:**

3902 S OLD HWY 94  
ST. CHARLES, MO 63304 US

**FEI Number:** 20-8068113

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE CO.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 PDST  
Name SMITH, SHARI L  
Address 99 BENWOOD  
City-State-Zip: ST. LOUIS MO 63141

*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:** SHARI SMITH-FAIN

**PRESIDENT/OWNER/DIRECTOR** 04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date