


FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90048 039 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 722549 1. Entity Name WASHINGTON ARMS MANAGEMENT, INC.			
Principal Place of Business 190 EAST OLMSTEAD DRIVE TITUSVILLE, FL 32780		Mailing Address 190 EAST OLMSTEAD DRIVE TITUSVILLE, FL 32780	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
6. Name and Address of Current Registered Agent VENUTI, LOUIS 400 ORANGE ST TITUSVILLE, FL 32796		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
City		State: 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN COTT, VICKI 190 E. OLMSTEAD DR #H-10 TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANS, ROBERT 190 E. OLMSTEAD DR #F-10 TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	V David Allie 190 E. Olmstead Dr. #D-1 Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAIGNEUR, DAISY 190 E. OLMSTEAD DR #H-6 TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	S Lilly Renzetti 2931 S. Washington Ave Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM QUILLEN, OMAR 190 E. OLMSTEAD DR. #H-4 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	T Janet McManigle 190 E. Olmstead Dr. #D-8 Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZAHAM, VERNON C 190 E. OLMSTEAD DR. A-10 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	D Raelene Hampton 190 E. Olmstead Dr #F-15 Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAISNEY, ROY 190 E. OLMSTEAD DR. G-6 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <i>Vicki Van Cott, President</i> 2/17/05 321-268-4557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

VICKI VAN COTT