

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90006 009 \*\*\*\*61.25

**DOCUMENT # 722549**  
 1. Entity Name  
**WASHINGTON ARMS MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**190 E. OLMSTEAD DR. TITUSVILLE FL 32780** **190 E. OLMSTEAD DR. TITUSVILLE FL 32780**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 2nd MOORE CR2E037 (4/06)

City & State City & State  
 4. FEI Number **59-1449619** 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**  
**HUDSON, GLENN**  
**190 E. OLMSTEAD DR.**  
**TITUSVILLE FL 32780**

**7. Name and Address of New Registered Agent**  
 Name ~~MILLER, SUZI~~  
 Street Address (P.O. Box Number is Not Acceptable) **190 E. Olmstead Drive G-4**  
**TITUSVILLE**  
 City **FL** Zip Code **32780**

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: *Suzi Miller* **Suzi Miller Secretary** **8-18-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW. FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALLIE, DAVID	
STREET ADDRESS	190 E OLMSTEAD DR, # D-1	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RENZETTI, LILLY	
STREET ADDRESS	2931 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCMANIGLE, JANET	
STREET ADDRESS	190 E OLMSTEAD DR, # D-8	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMPTON, RAELENE	
STREET ADDRESS	190 E. OLMSTEAD DR, # F-15	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	vigliotti, michael	
STREET ADDRESS	190 E Olmstead Dr C-14	
CITY-ST-ZIP	Titusville, Fl 32780	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Suzi	
STREET ADDRESS	190 E Olmstead Dr G-4	
CITY-ST-ZIP	Titusville, Fl 32780	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	vigliotti, Jeannette	
STREET ADDRESS	190 E Olmstead Dr C-11	
CITY-ST-ZIP	Titusville, Fl 32780	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hampton, Raelene	
STREET ADDRESS	190 E Olmstead Dr F-15	
CITY-ST-ZIP	Titusville, Fl 32780	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shafer, Lorene	
STREET ADDRESS	190 E Olmstead Dr F-6	
CITY-ST-ZIP	Titusville, Fl 32780	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hudson, Glenn	
STREET ADDRESS	190 E Olmstead Dr F-16	
CITY-ST-ZIP	Titusville, Fl 32780	

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 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: *Suzi Miller* **Suzi Miller Secretary** **8/18/06 321-267-7552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #