

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90102 006 ****70.00

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



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



2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01112007 Chg-NP CR2E037 (12/06)
 4. FEI Number: 59-1449619 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, SUZI
 190 E OLMSTEAD DRIVE G-4
 TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ 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 _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007
 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	<input checked="" type="checkbox"/> Delete
NAME	VIGLIOTTI, MICHAEL
STREET ADDRESS	190 E OLMSTEAD DR C-14
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	<input type="checkbox"/> Delete
NAME	S MILLER, SUZI
STREET ADDRESS	190 E OLMSTEAD DR G-4
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	<input checked="" type="checkbox"/> Delete
NAME	T VIGLIOTTI, JEANNETTE
STREET ADDRESS	190 E OLMSTEAD DR C-11
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D HAMPTON, RAELENE
STREET ADDRESS	190 E OLMSTEAD DR F-15
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	<input type="checkbox"/> Delete
NAME	D SHAFER, LORENE
STREET ADDRESS	190 E OLMSTEAD DR F-5
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D HUDSON, GLENN
STREET ADDRESS	190 E OLMSTEAD DR F-16
CITY-ST-ZIP	TITUSVILLE, FL 32780

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Ash, Terry
STREET ADDRESS	190 E. Olmstead Dr. A-1
CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President Myers, Dennis
STREET ADDRESS	190 E. Olmstead Dr. B1
CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer Anita Byars
STREET ADDRESS	190 E. Olmstead Dr. F-2
CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director Vigliotti, Michael
STREET ADDRESS	190 E. Olmstead Dr. C-14
CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director Humphrey Brenda
STREET ADDRESS	190 E. Olmstead Dr. C-7
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Secretary 3/6/07 321-267-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #