

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722549

FILED
Apr 17, 2009
Secretary of State

Entity Name: WASHINGTON ARMS MANAGEMENT, INC.

Current Principal Place of Business:

190 E. OLMSTEAD DR.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

190 E. OLMSTEAD DR.
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-1449619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SUZI
190 E OLMSTEAD DRIVE G-4
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUCOTE, TONY
Address: 190 E. OLMSTEAD D-11
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: MILLER, SUZI
Address: 190 E OLMSTEAD DR G-4
City-St-Zip: TITUSVILLE, FL 32780

Title: VP () Delete
Name: ASH, TERRY
Address: 190 E. OLMSTEAD DR. A-1
City-St-Zip: TITUSVILLE, FL 32780

Title: P () Delete
Name: WYERS, DENNIS
Address: 190 E. OLMSTEAD DR. B-1
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: ORR, WILLIAM H
Address: 190 E. OLMSTEAD DR. H-5
City-St-Zip: TITUSVILLE, FL 32780

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLIE, DAVID
Address: 190 E. OLMSTEAD D-1
City-St-Zip: TITUSVILLE, FL 32780

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SHAFER, LORENE
Address: 190 E. OLMSTEAD DR. F-6
City-St-Zip: TITUSVILLE, FL 32780

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SELLERS, BRUCE
Address: 190 E OLMSTEAD DR . I-1
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZI MILLER

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date