

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722549

**Entity Name:** WASHINGTON ARMS MANAGEMENT, INC.**Current Principal Place of Business:**190 EAST OLMSTEAD DRIVE  
TITUSVILLE, FL 32780**Current Mailing Address:**785 W. GRANADA BLVD, SUITE 5  
ORMOND BEACH, FL 32174 US**FEI Number:** 59-1449619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHERN STATES MANAGEMENT GROUP, INC.  
SOUTHERN STATES MANAGEMENT GROUP, INC.  
785 W. GRANADA BLVD, SUITE 5  
ORMOND BEACH, FL 32174 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:** JEFFREY ANNON

04/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	WHISTLER, KEITH
Address	785 W. GRANADA BLVD, SUITE 5
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	BLANK, WILLIAM
Address	785 W. GRANADA BLVD, SUITE 5
City-State-Zip:	ORMOND BEACH FL 32174

Title	S
Name	SELLERS, BRUCE
Address	785 W. GRANADA BLVD, SUITE 5
City-State-Zip:	ORMOND BEACH FL 32174

Title	T
Name	SOMMERS, KIMBERLY
Address	785 W. GRANADA BLVD, SUITE 5
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	SIMMONDS, JAMES
Address	785 W. GRANADA BLVD, SUITE 5
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	CHOICE, BERNADETTE
Address	785 W. GRANADA BLVD, SUITE 5
City-State-Zip:	ORMOND BEACH FL 32174

Title	VPD
Name	GARDNER, PAM
Address	785 W. GRANADA BLVD, SUITE 5
City-State-Zip:	ORMOND BEACH FL 32174

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KEITH WHISTLER

P

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date