

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722549

Entity Name: WASHINGTON ARMS MANAGEMENT, INC.**Current Principal Place of Business:**190 E. OLMSTEAD DR.
TITUSVILLE, FL 32780**Current Mailing Address:**190 E. OLMSTEAD DR.
TITUSVILLE, FL 32780**FEI Number:** 59-1449619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, SUZI
190 E. OLMSTEAD DR.
UNIT G-4
TITUSVILLE, FL 32780 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VICE PRESIDENT	Title	ADVISOR/CONSULTANT
Name	SELLERS, BRUCE	Name	MILLER, SUZI
Address	190 E. OLMSTEAD DR	Address	190 E OLMSTEAD DR
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32780
Title	SECRETARY	Title	TREASURER
Name	OSTROSKI, DIANE	Name	CLOUSER, GREG
Address	190 E. OLMSTEAD DR.	Address	190 E. OLMSTEAD DR.
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32780
Title	D	Title	DIRECTOR
Name	BUDSBERG, RICHARD	Name	STONE, JANIS
Address	190 E OLMSTEAD DR	Address	190 E OLMSTEAD DR
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32780
Title	PRESIDENT		
Name	WYERS, DENNIS		
Address	190 E. OLMSTEAD DRIVE		
City-State-Zip:	TITUSVILLE FL		

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: SUZI MILLER**REGISTERED AGENT****03/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date