

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 168193

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: WASHINGTON MILLS CERAMICS CORPORATION

**Current Principal Place of Business:**

S. AIRPORT ROAD  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

20 NORTH MAIN STREET  
PO BOX 428  
NORTH GRAFTON, MA 01536

**New Mailing Address:**

FEI Number: 59-0675399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KIRKENDALL, GREG  
5049 TIMBERLANE ROAD  
LAKE WALES, FL 33859      US

**Name and Address of New Registered Agent:**

KIRKENDALL, GREG  
5049 TIMBERLANE ROAD  
LAKE WALES, FL 33898      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: \_\_\_\_\_

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: WILLIAMS, JOHN E  
Address: 20 NORTH MAIN STREET  
City-St-Zip: NORTH GRAFTON, MA 01536

Title: DP ( ) Delete  
Name: WILLIAMS, PETER H  
Address: 20 NORTH MAIN STREET  
City-St-Zip: NORTH GRAFTON, MA 01536

Title: DT ( ) Delete  
Name: SHEA, PAUL F,  
Address: 20 NORTH MAIN STREET  
City-St-Zip: NORTH GRAFTON, MA 01536

Title: S ( ) Delete  
Name: WHITNEY, JR, WALLACE F  
Address: 20 NORTH MAIN STREET  
City-St-Zip: NORTH GRAFTON, MA 01536

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL F. SHEA

DT

01/11/2007

Electronic Signature of Signing Officer or Director

Date