

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90015 023 ***150.00

DOCUMENT # 567619

1. Entity Name

WASHCO, INC.



Principal Place of Business

3939 PALM BEACH BLVD.
FT. MYERS FL 33916-0729

Mailing Address

3939 PALM BEACH BLVD.
FT. MYERS FL 33916-0729

54018528



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, CRAIG C.
3939 PALM BEACH BLVD.
FORT MYERS FL 33916

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
MITCHELL, KATHERINE C.
1352 SHADOW LANE
FT. MYERS, FL 0

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MITCHELL, CRAIG C.
18483 DEEP PASSAGE LANE SW
FORT MYERS BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MITCHELL, JOHN S.
5625 SHADDELEE LANE
FT. MYERS FL

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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

Craig C. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2004 239-694-4102

Date

Daytime Phone #

Craig C. Mitchell, Vice President