

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H18829

FILED
Apr 25, 2005
Secretary of State

Entity Name: WASHINGTON SQUARE CORPORATION

Current Principal Place of Business:

3189 PIONEER RD
P O BOX 525
VERNON, FL 32462 US

New Principal Place of Business:

3189 PIONEER RD
VERNON, FL 32462 US

Current Mailing Address:

P O BOX 525
VERNON, FL 32462 US

New Mailing Address:

P O BOX 838
LYNN HAVEN, FL 32444 US

FEI Number: 59-2453422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ALAN H
915 DELAWARE AVE
LYNN HAVEN, FL 32444 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, ALAN H
Address: 915 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL

Title: STD () Delete
Name: MOORE, SUZANNE
Address: 919 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: MOORE, A. C.
Address: 3184 PIONEER RD
City-St-Zip: VERNON, FL 32462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOORE, ALAN H
Address: 915 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL 32444

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

Title: VD (X) Change () Addition
Name: MOORE, A. C.
Address: 3189 PIONEER RD
City-St-Zip: VERNON, FL 32462

I hereby certify that the information supplied with this filing does not qualify for the 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 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: A. C. MOORE

VP

04/25/2005

Electronic Signature of Signing Officer or Director

Date