

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # H18829**

1. Entity Name  
**WASHINGTON SQUARE CORPORATION**



Principal Place of Business

**3189 PIONEER RD  
VERNON, FL 32462 US**

Mailing Address

**P O BOX 838  
LYNN HAVEN, FL 32444 US**



08042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2453422**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000773288  
09/05/07-80004-015 550.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MOORE, ALAN H  
915 DELAWARE AVE  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
MOORE, SUZANNE  
919 DELAWARE AVE  
LYNN HAVEN, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
MOORE, A. C.  
3189 PIONEER RD  
VERNON, FL 32462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *A.C. Moore* **A.C. Moore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*8/3/07*

Daytime Phone #