## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H18829

Entity Name: WASHINGTON SQUARE CORPORATION

FILED Aug 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3189 PIONEER RD VERNON, FL 32462 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

MOORE, ARVIN C
3189 PIONEER ROAD
VERNON, FL 32462 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: ARVIN C. MOORE 08/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PTD (X) Change ( ) Addition

 Name:
 MOORE, ALAN H
 Name:
 MOORE, ARVIN C

 Address:
 915 DELAWARE AVE
 Address:
 3189 PIONEER ROAD

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:
 VERNON, FL 32462

Title: STD ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MOORE, SUZANNE
 Name:
 MOORE, ALAN H

 Address:
 919 DELAWARE AVE
 Address:
 915 DELAWARE AVE

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:
 LYNN HAVEN, FL 32444

Title: VD ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 MOORE, A. C.
 Name:
 MOORE, ALICE H

 Address:
 3189 PIONEER RD
 Address:
 1011 DELAWARE AV

 City-St-Zip:
 VERNON, FL 32462
 City-St-Zip:
 LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify 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: ARVIN C. MOORE PTD 08/01/2008