

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2010
Secretary of State

Entity Name: THE WASHINGTON IMPROVEMENT GROUP, INC.

Current Principal Place of Business:

401 PETERS STREET
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 754
PORT ST. JOE, FL 32456 US

New Mailing Address:

P.O. BOX 754
PORT ST. JOE, FL 32457 US

FEI Number: 59-3194254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, EDDIE C
105 BATTLE STREET
PORT SAINT JOE, FL 32456 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

OFFICERS AND DIRECTORS:

Title: P
Name: FIELDS, EDDIE C
Address: 105 BATTLE STREET
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V
Name: GIVENS, CHARLES
Address: 303 MARTIN LUTHER KING BLVD
City-St-Zip: PORT ST. JOE, FL 32456

Title: S
Name: PATTEN, VIVIAN
Address: 165 ROBBINS AVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: T
Name: WHITE, CHRISTINE
Address: 140 ROBBINS AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: BM
Name: BAXTER, BARBARA
Address: 109 APOLLO STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: BM
Name: MCNAIR, DAMON JR
Address: 149 AVE D
City-St-Zip: PORT ST JOE, FL 32456

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDDIE C. FIELDS

PRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date