

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000038273

1. Entity Name
THE WASHINGTONIAN GROUP, INC.



Principal Place of Business
**3030 JUNIPER DR.
EDGEWATER, FL 32141-6208**

Mailing Address
**PO BOX 658
EDGEWATER, FL 32132-0658**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3109489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIOVANNONI, JOHN M S
3030 JUNIPER DR.
EDGEWATER, FL 32141-6208**

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000948424

06/02/08 00055, 005 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOC
NAME	GIOVANNONI, JOHN M S EA CMA
STREET ADDRESS	3030 JUNIPER DR.
CITY-ST-ZIP	EDGEWATER, FL 321416208
TITLE	PCFO
NAME	POLING, DONNA J EA ATA
STREET ADDRESS	3030 JUNIPER DR.
CITY-ST-ZIP	EDGEWATER, FL 321416208
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:

Donna J Poling EA Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-08

Date

386 428 9584

Daytime Phone