2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90017 036 ***158.75

DOCUMENT # P02000078031

1. Entity Name
WASHUTA MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
464 HIGHTOWER DR DEBARY, FL 32713	464 HIGHTOWER DR DEBARY, FL 32713

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

02132006 Chg-P CR2E034 (11/05)

4. FEI Number 55-0787263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WASHUTA, WILLIAM J 464 HIGHTOWER DR DEBARY, FL 32713	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WASHUTA, WILLIAM J 464 HIGHTOWER DR DEBARY, FL 32713	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD WASHUTA, LILA K 464 HIGHTOWER DR DEBARY, FL 32713	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASHUTA, KEVIN W 4212 SE COVE LAKE CIR APT 204 STUART, FL 34997	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, LAURIE W 81 SHEWBIRD LN HAYESVILLE, NC 28904	☒ Delete	POWERS, LAURIE W 3450 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARAKER, CAROLE W 540 VANDERVEEN DR MASON, MI 48854	☒ Delete	CARAKER, CAROLE W. 13637 BUDWORTH CIRCLE ORLANDO, FL 32832	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: William J. Washuta William J. Washuta Pres. 3-1-06 386-668-2129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #