

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90049 038 \*\*\*150.00

DOCUMENT # P02000078031

1. Entity Name

WASHUTA MANAGEMENT COMPANY, INC.



Principal Place of Business

464 HIGHTOWER DR  
DEBARY FL 32713

Mailing Address

464 HIGHTOWER DR  
DEBARY FL 32713

2. Principal Place of Business - No P.O. Box #

464 Hightower Dr

3. Mailing Address

464 Hightower Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEBARY, FL

City & State

DEBARY, FL

Zip

32713

Country

USA

Zip

32713

Country

USA

4. FEI Number

55-0787263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

WASHUTA, WILLIAM J  
464 HIGHTOWER DR  
DEBARY FL 32713

7. Name and Address of New Registered Agent

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

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WASHUTA, WILLIAM J  
STREET ADDRESS 464 HIGHTOWER DR  
CITY- ST- ZIP DEBARY FL 32713

TITLE VSTD ☐ Delete  
NAME WASHUTA, LILA K  
STREET ADDRESS 464 HIGHTOWER DR  
CITY- ST- ZIP DEBARY FL 32713

TITLE D ☒ Delete  
NAME WASHUTA, KEVIN W  
STREET ADDRESS 4212 SE COVE LAKE CIR APT 204  
CITY- ST- ZIP STUART FL 34997

TITLE D ☐ Delete  
NAME POWERS, LAURIE W  
STREET ADDRESS 3450 N. TROPICAL TRAIL  
CITY- ST- ZIP MERRITT ISLAND FL 32953

TITLE D ☐ Delete  
NAME CARAKER, CAROLE W  
STREET ADDRESS 1367 BUDWORTH CIRCLE  
CITY- ST- ZIP ORLANDO FL 32832

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Change ☐ Addition  
NAME WASHUTA, KEVIN W.  
STREET ADDRESS 1530 SW. BALMORAL TRACE  
CITY- ST- ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

W. Washuta Pres. William J. Washuta, Pres.

1/29/07

386 668 2129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #