

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90063 042 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008

Chg-P

CR2E034 (12/06)

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

TITLE D ☐ Change ☐ Addition
NAME CARAKER, CAROLE W.
STREET ADDRESS 4934 LEGACY OAKS DRIVE
CITY-ST-ZIP ORLANDO, FL 32839

TITLE ☐ Delete
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 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 - P* WILLIAM J. WASHUTA

4/9/08

386 668 2129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #