

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052546

Entity Name: THE WASHING POT, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

2211 ADDISON AVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

2211 ADDISON AVE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 51-0465336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHEY, STEVEN J ESQ
C/O STEVEN J. RICHEY, P.A.
601 SOUTH NINTHH STREET
LEESBURG, FL 347492460 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAYNE, CLAUDE
Address: 1000 LAKE SHORE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: SHATTUCK, WARREN
Address: 2211 ADDISON AVE
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: MELIN, MARYWYNNE
Address: 2211 ADDISON AVE
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: PAYNE, CYNTHIA
Address: 1000 LAKE SHORE DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA PAYNE

T

04/30/2005

Electronic Signature of Signing Officer or Director

Date