


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90425 044 \*\*\*150.00

<b>DOCUMENT # P03000084874</b>	
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1. Entity Name  
THE WASH POT, INC.

Principal Place of Business  
2211 ADDISON AVE.  
CLERMONT, FL 34711

Mailing Address  
2211 ADDISON AVE.  
CLERMONT, FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0798905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHEY, STEVEN J ESQ.  
601 SOUTH NINTH ST.  
LEESBURG, FL 34749-2460

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PAYNE, CLAUDE	
STREET ADDRESS	2211 ADDISON AVE.	
CITY-ST-ZIP	CLERMONT, FL 34711	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHATTUCK, WARREN	
STREET ADDRESS	2211 ADDISON AVE.	
CITY-ST-ZIP	CLERMONT, FL 34711	

TITLE	S	<input type="checkbox"/> Delete
NAME	MELIN, MARYWYNNE	
STREET ADDRESS	2211 ADDISON AVE.	
CITY-ST-ZIP	CLERMONT, FL 34711	

TITLE	T	<input type="checkbox"/> Delete
NAME	PAYNE, CYNTHIA	
STREET ADDRESS	2211 ADDISON AVE.	
CITY-ST-ZIP	CLERMONT, FL 34711	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 Lake Shore Drive	
CITY-ST-ZIP	Clermont, FL 34711	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2211 Addison Ave	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 Lakeshore Drive	
CITY-ST-ZIP	Clermont FL 34711	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Marywynne B Melin*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-30-04  
(Date)

352)342-6494  
(Daytime Phone)