

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126115

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: WASHINGTON HOME IMPROVEMENT, INC.

## Current Principal Place of Business:

3552 JERICO DRIVE  
CASSELBERRY, FL 43707

## New Principal Place of Business:

3552 JERICO DRIVE  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

3552 JERICO DRIVE  
CASSELBERRY, FL 43707

## New Mailing Address:

3552 JERICO DRIVE  
CASSELBERRY, FL 32707 US

FEI Number: 54-2133568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WASHINGTON, MICHAEL  
3552 JERICO DRIVE  
CASSELBERRY, FL 43707

## Name and Address of New Registered Agent:

WASHINGTON, MICHAEL  
3552 JERICO DRIVE  
CASSELBERRY, FL 32707 US

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:

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WASHINGTON, MICHAEL  
Address: 3552 JERICO DRIVE  
City-St-Zip: CASSELBERRY, FL 43707

Title: VD ( ) Delete  
Name: WASHINGTON, REGINA  
Address: 1500 QUEENSWAY ROAD  
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete  
Name: WASHINGTON, MELINDA  
Address: 3552 JERICO DRIVE  
City-St-Zip: CASSELBERRY, FL 43707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WASHINGTON, MICHAEL  
Address: 3552 JERICO DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VD (X) Change ( ) Addition  
Name: WASHINGTON, REGINALD  
Address: 1500 QUEENSWAY ROAD  
City-St-Zip: ORLANDO, FL 32808

Title: S (X) Change ( ) Addition  
Name: WASHINGTON, MELINDA  
Address: 3552 JERICO DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

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: MICHAEL WASHINGTON

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date