

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000124640
 1. Entity Name
 WASHINGTON OF ST. PETERSBURG, INC.



Principal Place of Business Mailing Address
 1716 14TH AVENUE SOUTH 1716 14TH AVENUE SOUTH
 ST PETERSBURG, FL 33712 ST PETERSBURG, FL 33712



DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 20-5662559 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WASHINGTON, LOTHARIO
 1716 14TH AVENUE SOUTH
 ST PETERSBURG, FL 33712

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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 _____ (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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WASHINGTON, LOTHARIO
STREET ADDRESS	1716 14TH AVENUE SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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 04/29/08-80071-009 150.00
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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: *Lothario Washington* WASHINGTON, LOTHARIO WASHINGTON 4/13/08 (727) 432-2547
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #