

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P93000059336

1. Entity Name
WASHCO SERVICES, INC.



Principal Place of Business
**3939 PALM BEACH BLVD
FT MYERS, FL 33916**

Mailing Address
**3939 PALM BEACH BLVD
FT MYERS, FL 33916**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0431302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, JOHN S
3939 PALM BEACH BLVD
FT MYERS, FL 33916**

**DO NOT WRITE
IN THIS SPACE**

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**

U00000855412
03/27/08-80048-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, CRAIG C
STREET ADDRESS	3939 PALM BEACH BLVD
CITY- ST- ZIP	FT MYERS, FL 33916
TITLE	D
NAME	MITCHELL, JOHN S
STREET ADDRESS	3939 PALM BEACH BLVD
CITY- ST- ZIP	FT MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John S. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John S. Mitchell, President

March 7, 2008 239-694-4102

Date

Daytime Phone #