

Mar 23 08 08:38a

Jed and Patti Grennan

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90033 012 \*\*\*150.00

DOCUMENT # P99000031667

1. Entity Name

WASHBURN IMPORTS, INC.



Principal Place of Business  
1800 NORTH ORANGE AVE  
ORLANDO, FL 32804

Mailing Address  
1800 NORTH ORANGE AVE  
ORLANDO, FL 32804

40057389



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222008

Chg-P

CR2E034 (12/06)

City &amp; State

City &amp; State

4. FEI Number

59-3570280

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUCHEMIN, ROBERT A  
20 N ORANGE AVE  
SUITE 710  
ORLANDO, FL 32801

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 fee 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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
WASHBURN, JOHN  
STREET ADDRESS ~~1616 N ORANGE AVE~~ 1515 Lancaster Dr.  
CITY - ST - ZIP ORLANDO, FL 32804 32806

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME DS  
WASHBURN, ZELLE L  
STREET ADDRESS 1150 VIA SALERNO  
CITY - ST - ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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. Washburn* John S. Washburn (President) 3/22/08 407/415-8053  
Date Date

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phone #