

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000071602		May 01, 2006 08:00 AM	
1. Entity Name WASHINGTON PARTNERS, INC.		Secretary of State	
Principal Place of Business 2102 W CLEVELAND ST TAMPA FL 33606-1722		Mailing Address PO BOX 22556 TAMPA FL 33622	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent MCGINTY, A. EDWARD 101 EAST KENNEDY BLVD SUITE 2800 TAMPA FL 33624		4. FEI Number 59-3661455	
7. Name and Address of New Registered Agent		Applied For ☐ Not Applicable	
Name		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when filing with a change of address) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS CHACONAS, GEORGE 2102 W. CLEVELAND ST. TAMPA FL 33606-1722 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000548016 05/12/06-80049-004 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ GEORGE CHACONAS DPS 4/28/06 813.254.9274			