

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90064 029 \*\*\*150.00

DOCUMENT # P96000046078

1. Entity Name

WASHINGTON PROPERTIES, INC.



Principal Place of Business

2723 PARKLAND BLVD  
TAMPA FL 33609

Mailing Address

2723 PARKLAND BLVD  
TAMPA FL 33609



2. Principal Place of Business

2309 S. MacDill Ave

Suite, Apt. #, etc.

Tampa, Florida

City & State

Attn: Robert D. McLean

Zip 33629

Country

3. Mailing Address

2309 S. MacDill Ave

Suite, Apt. #, etc.

Tampa, Florida

City & State

Attn: Robert D. McLean

Zip 33629

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3383564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, ROBERT D

100 N TAMPA ST STE 3575

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2309 S. MacDill Ave  
City Tampa FL Zip Code 33629

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, 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

TITLE D ☐ Delete  
NAME MCLEAN, ELLEN H  
STREET ADDRESS 4605 SAN MIGUEL ST  
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete  
NAME MCLEAN, ROBERT D  
STREET ADDRESS 100 N TAMPA STREET STE 3575  
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Delete  
NAME MCLEAN, JA TODD  
STREET ADDRESS 5265 N. WASHINGTON BLVD  
CITY-ST-ZIP INDIANAPOLIS IN 46220

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2925 Parkland Blvd  
CITY-ST-ZIP Tampa FL 33629

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2309 S. MacDill Ave  
CITY-ST-ZIP Tampa FL 33629

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/06