


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000046078</b> 1. Entity Name WASHINGTON PROPERTIES, INC.	
---	---

Principal Place of Business 2309 S. MACDILL AVE TAMPA, FL 33629	Mailing Address 2309 S. MACDILL AVE TAMPA, FL 33629
---	---

**DO NOT WRITE IN THIS SPACE**

02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3383564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCLEAN, ROBERT D  
2309 S. MACDILL AVE  
TAMPA, FL 33629

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, ELLEN H 4605 SAN MIGUEL ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, ROBERT D 2309 S. MACDILL AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, JA TODD 5265 N. WASHINGTON BLVD INDIANAPOLIS, IN 46220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000840875  
03/07/08-80011-009 150.00

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08  
Date Daytime Phone #