

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90021 027 \*\*\*150.00

DOCUMENT # P00000080541

1. Entity Name  
1ST CHOICE REALTY SERVICES INC.



Principal Place of Business  
6014 US Hwy 19 #504  
New Port Richey, FL 34652

Mailing Address  
6014 US Hwy 19 #504  
New Port Richey FL  
34652

40110574



03032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3664229

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DESPOTA, KATHLEEN M  
3020 SUMMERVALE DRIVE  
HOLIDAY, FL 34691

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTSD  
DESPOTA, KATHLEEN M  
3020 SUMMERVALE DRIVE  
HOLIDAY, FL 34691

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
PROGIN, CATHERINE M  
9247 GREEN PINES TERRACE  
NEW RORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*Kathleen Despota*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-07

Date

727-848-5555

Daytime Phone #