

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000034349

1. Entity Name  
EXECUTIVE REAL ESTATE OF WEST FLORIDA, INC.



**FILED  
May 15, 2006 8:00 am  
Secretary of State**

05-15-2006 90040 044 \*\*\*150.00

40092010



05102006 Chg-P CR2E034 (11/05)

Principal Place of Business  
152 8TH AVE SW - STE 2A  
LARGO, FL 33770

Mailing Address  
152 8TH AVE SW - STE 2A  
LARGO, FL 33770

2. Principal Place of Business  
6925 112th Cr N  
Suite, Apt. #, etc.  
102

3. Mailing Address  
6925 112th Cr N  
Suite, Apt. #, etc.  
102

City & State  
LARGO FL

City & State  
LARGO FL

Zip  
33773

Country  
U.S.

Zip  
33773

Country  
U.S.

6. Name and Address of Current Registered Agent

MASCHERINO, ANDREW  
152 8TH AVE SW - STE 2A  
LARGO, FL 33770

7. Name and Address of New Registered Agent  
Name  
MASCHERINO, Andrew  
Street Address P.O. Box Number is Not Acceptable  
6925 112th Cr N  
102

City  
LARGO

FL Zip Code  
33773

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

5-10-06

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MASCHERINO, ANDREW  
152 8TH AVE SW - STE 2A  
LARGO, FL 33770

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MASCHERINO, ANDREW  
6925 112th Cr N  
102  
LARGO FL 33773

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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

5-10-06 127449-1030  
Date Daytime Phone #