


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90037 010 \*\*\*158.75

<b>DOCUMENT # P05000136707</b>	
1. Entity Name <b>WEST SHORE REAL ESTATE SERVICES, INC.</b>	

Principal Place of Business <b>7911 OSTEEN ROAD NEW PORT RICHEY, FL 34653</b>	Mailing Address <b>7911 OSTEEN ROAD NEW PORT RICHEY, FL 34653</b>
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2. Principal Place of Business <b>10426 U.S. Hwy. 19 N. Suite, Apt. #, etc. Port Richey Florida</b>	3. Mailing Address <b>10426 U.S. Hwy. 19 N. Suite, Apt. #, etc. Port Richey Florida</b>
City & State	City & State

Zip <b>34668</b>	Country <b>USA</b>	Zip <b>34668</b>	Country <b>USA</b>
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08072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>203602185</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>POLISENO, JOSEPH 7911 OSTEEN ROAD NEW PORT RICHEY, FL 34653</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 signatures required when changing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D POLESINO, JOSEPH 7911 OSTEEN ROAD NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D Poliseno, Joseph 10426 US HWY 19 N Port Richey FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Joseph Poliseno** **8/7/06** **727-848-6202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #