


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90014 049 \*\*\*150.00

**DOCUMENT # P96000017433**

1. Entity Name  
**WESTPOLE INC.**



Principal Place of Business  
**2900 GULF TO BAY BOULEVARD  
 LOT 213  
 CLEARWATER, FL 33759-4256 US**

Mailing Address  
**2900 GULF TO BAY BOULEVARD  
 LOT 213  
 CLEARWATER, FL 33759-4256 US**

2. Principal Place of Business  
**1611 Sherbook Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1611 Sherbook Rd**  
 Suite, Apt. #, etc.


City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

Zip  
**33764** Country

Zip  
**33764** Country

9002



02162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3361817** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PIEHL, WILLIAM J**  
**2900 GULF TO BAY BOULEVARD**  
**LOT 213**  
**CLEARWATER, FL 33759-4256**

7. Name and Address of New Registered Agent

Name  
**1611 Sherwood Rd**

Street Address (P.O. Box Number is Not Acceptable)  
**Clearwater, FL 33764**

City  
**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PIEHL, WILLIAM J <del>2900 GULF TO BAY BOULEVARD LOT 213</del> CLEARWATER, FL <del>33759-4256</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PIEHL, WILLIAM J 1611 Sherwood Rd Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR