

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # H14669 1. Entity Name PHASE III REAL ESTATE SERVICES, INC.	
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Principal Place of Business 9301 GULF SHORE DR NAPLES, FL 34108 US	Mailing Address 9301 GULF SHORE DR NAPLES, FL 34108 US
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02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2578798	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FASIG, DONALD L. 9301 GULF SHORE DRIVE NAPLES, FL 34108

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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 *Donald L. Fasig* *2/08/06*
(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, 2006 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	PD FASIG, DONALD L. 9301 GULF SHORE DR NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FASIG, ALICE J 9301 GULF SHORE DR NAPLES, FL 34108
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02/25/06-80044-005 150.00

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: *Donald L. Fasig* *2/09/06*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #