


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # P02000088857

1. Entity Name
SECTHREE CORPORATION



Principal Place of Business
**7321 HOWARD ROAD
 BOKEELIA, FL 33922**

Mailing Address
**7321 HOWARD ROAD
 BOKEELIA, FL 33922**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02262007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
35-2000613

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**GREEN, BRUCE D
 1520 ROYAL PALM SQUARE BLVD.
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
SMITH, DONALD K
 STREET ADDRESS **7321 HOWARD ROAD**
 CITY-ST-ZIP **BOKEELIA, FL 33922**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
GIEDT, RONEL
 STREET ADDRESS **7321 HOWARD ROAD**
 CITY-ST-ZIP **BOKEELIA, FL 33922**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

04/03/07-80003-003 150.00

TITLE Delete
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 CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 reports 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] **3/20/07** **239-283-9282**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #