


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P98000038182

1. Entity Name  
 FER III, INC.



Principal Place of Business      Mailing Address

3301 BAYSHORE BLVD      P.O. BOX 22822  
 UNIT 504      TAMPA, FL 33622  
 TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**



02122007      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-3518032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JOHN  
 3301 BAYSHORE BLVD  
 UNIT 504  
 TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

U00000639407  
 02/28/07-80024-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, KENNETH A 3807 W. HORATIO TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FERNANDEZ, JOHN 3301 BAYSHORE BLVD. #504 TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *John Fernandez*      Date: *2-16-07*      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR