

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000081966			
1. Entity Name CANTONMENT THREE, INC.			
Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756		Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	
DO NOT WRITE IN THIS SPACE			
		 01172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3534382	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756		DO NOT WRITE IN THIS SPACE	
3. 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 consisting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000445604 03/07/06-80053-005 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FLYNN, THOMAS F 516 LAKEVIEW ROAD - UNIT 8 CLEARWATER, FL 33756		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLYNN, KEVIN T 516 LAKEVIEW ROAD - UNIT 8 CLEARWATER, FL 33756		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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: 		Kevin T. Flynn, Vice President 2/20/06 727-449-1182	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	