2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H14669

1. Entity Name
PHASE III REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
9301 GULFSHORE DR	9301 GULFSHORE DR
NAPLES, FL 34108 US	NAPLES, FL 34108 US

DO NOT WRITE IN THIS SPACE

03282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2578798	Not Applicable

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

6. Name and Address of Current Registered Agent

FASIG, DONALD L.
9301 GULFSHORE DRIVE
NAPLES, FL 34108

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: _Donald L Fasig_

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

DATE: 4-14-05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	FASIG, DONALD L
STREET ADDRESS	9301 GULFSHORE DR
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	STD
NAME	FASIG, ALICE J
STREET ADDRESS	9301 GULFSHORE DR
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80045-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-14-05   Daytime Phone #: 239-597-911