2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # H39966 05-21-2008 90026 014 ***150.00 1. Entity Name W.J. III OF TAMPA, INC. Purcipal Place of Business Mailing Arldress PDATAMAA 3008 SPILLERS AVE TAMPA FL 33619 PO BOX 11588 TAMPA FL 33680 2. Principal Piaco of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Namber Applied For 59-2872564 Not Applicable Zip Country Zœ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, C. STEPHEN, ESQ. 3606 SWANN AVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** Zip Code 8. The across named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sunume, typed or procedulation of registrod mark unit to a completion. BIOTE Registered Agor't arginature required which repressibly: FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE C De cir. TIFLE ☐ Addition ☐ Change WARREN, JOHN W. SELEC HE LIF STREET ADDRESS PO BOX 11588 STREET ADORESS **TAMPA FL 33680** CITY-ST-7/P CATY-ST-ZIP ME ☐ Do ete TITLE Addition NEME HAME STREET ADDRESS STREET APPRIESS. CITY-\$1-21P CITY-ST-ZIP MLE Detete TITLE Cianne Addition MAHE NEME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Director ☐ Change Addition-WHE HEME STREET ADDRESS STREET ADDRESS CITY-ST-2IP OTY-31-71P MUE ☐ Deide TITLE ☐ Change Addition HALLE HEM(STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-20* DIS 6 De etc Addition | MALIF STREET ADDRESS STREET ADDRESS CITY-\$1-21P CITY ST- 2P 12. I hereby certify that the information sumptied with this filting does not qualify for the examptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report or supplemental report is this 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 807. Rorlda Statutes; and that my name appears in Block 10 or Block 11 if charged, or un an alterhancet will an address, with at other like-gray-towered. SIGNATURE: NTED NAME OF SIGNING OFFICER ON DIRECTOR Lixo Davinio Program

Jun 16, 2008 8:00 am