

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # H83008 1. Entity Name VETTE-PROPERTY III, INC.						Mar 16, 2006 08:00 AM Secretary of State			
Principal Place of Business 5053-126TH AVENUE NORTH CLEARWATER FL 33760 US				Mailing Address 5053-126TH AVENUE NORTH CLEARWATER FL 33760 US					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				1st MOORE CR2E034 (10/05)	
				4. FEI Number Applied For / Not Applicable 59-2611580					
6. Name and Address of Current Registered Agent MILLER, MARYETTE 5053-126TH AVENUE NORTH CLEARWATER FL 33760				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 agree to, the obligations of registered agent.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) <small>Signature, typed or printed name of registered agent and title if applicable</small>								DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add					
NAME	MILLER, MARYETTE		NAME						
STREET ADDRESS	5053-126TH AVENUE NORTH		STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 34620		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE						
NAME	HESSLER, NANCY		NAME						
STREET ADDRESS	3201 MAPLE STREET NE		STREET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33704		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE						
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE						
NAME			NAME						
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE						
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Maryette Miller 3-13-06 727-540-0098