

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90019 002 ***150.00

DOCUMENT # H83008

1. Entity Name

VETTE-PROPERTY III, INC.



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 - No P.O. Box #

5150 126th Ave N

Suite, Apt. #, etc.

3. Mailing Address

5150 126th Ave N

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

Country

33760

Country

4. FEI Number 59-2611580

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PST
MILLER, MARYETTE
~~5053-126TH AVENUE NORTH~~ 5150 126th Ave N
CLEARWATER FL 34620

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HESSLER, NANCY
3201 MAPLE STREET NE
ST. PETERSBURG FL 33704

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY- ST- ZIP
☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-07

Date

727-540-0028

Daytime Phone #