2008 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Mar 27, 2008 8:00 am **Secretary of State** DOCUMENT # H83008 03-27-2008 90024 015 ***150.00 VETTE-PROPERTY III. INC. Principal Place of Business Mailing Address 5150 126TH AVE N 5150 126TH AVE N CLEARWATER, FL 33760 CLEARWATER, FL 33760 US 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2611580 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, MARYETTE DO NOT WRITE 5053-126TH AVENUE NORTH CLEARWATER, FL 33760 > 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algoriture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE MILLER, MARYETTE NAME STREET ADDRESS 5150 126TH AVE N CITY-ST-ZIP CLEARWATER, FL 34620 TITLE HESSLER, NANCY 3201 MAPLE STREET NE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33704 NAME STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP тпіғ IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P TITLE

FILED

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: Maryette Mun Maryette M	Miller 3/12/08	727 540 0098
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT	Control Control	Daytime Phone #