

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 22, 2008 8:00 am
Secretary of State**

01-22-2008 90056 042 ***150.00

DOCUMENT # K37951

1. Entity Name
FEDERAL WAREHOUSE CORPORATION #3



Principal Place of Business
2300 SOUTH DOCK ST.
PALMETTO, FL 34221 US

Mailing Address

2300 SOUTH DOCK ST.
PALMETTO, FL 34221 US

2. Principal Place of Business - No P.O. Box #

2300 SOUTH DOCK ST.

Suite, Apt. #, etc.

STE 105

3. Mailing Address

2300 SOUTH DOCK ST.

Suite, Apt. #, etc.

STE 105

City & State

PALMETTO, FL

City & State

PALMETTO, FL

Zip

34221

Country

US

Zip

34221

Country

US

01142008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0075738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIGGS, STANLEY A JR
2300 SOUTH DOCK ST
PALMETTO, FL 34221

7. Name and Address of New Registered Agent

Name **STANLEY A. RIGGS**

Street Address (P.O. Box Number is Not Acceptable)

2300 SOUTH DOCK ST., STE 105

City **PALMETTO**

FL

Zip Code **34221**

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.

1-17-08

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME RIGGS, STANLEY A JR
STREET ADDRESS 2300 SOUTH DOCK ST.
CITY-ST-ZIP PALMETTO, FL 34221

Delete

TITLE **P**
NAME STANLEY A. RIGGS
STREET ADDRESS 2300 SOUTH DOCK ST., STE 105
CITY-ST-ZIP PALMETTO, FL 34221

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *McRiggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08

Date

Daytime Phone #