


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90177 047 ****61.25

DOCUMENT # N02000009825					
1. Entity Name WEST PASCO INDUSTRIAL PARK MERCHANTS ASSOCIATION III, INC.					
Principal Place of Business 2535 SUCCESS DRIVE ODESSA, FL 33556			Mailing Address 2535 SUCCESS DRIVE ODESSA, FL 33556		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 51-0458510	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL 33556			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 _____ DATE _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD W		NAME	BAKER, RICHARD W	
STREET ADDRESS	2535 SUCCESS DRIVE		STREET ADDRESS	2535 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERFORD, BILL		NAME	WEATHERFORD, WILLIAM S	
STREET ADDRESS	2535 SUCCESS DRIVE		STREET ADDRESS	2535 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, WANDA		NAME	DEBORAH VANDENLANGENBERGH	
STREET ADDRESS	2535 SUCCESS DRIVE		STREET ADDRESS	2535 SUCCESS DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 617, 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: <i>William S Weatherford</i>		Date: <i>4/18/05</i>		Daytime Phone #: <i>727-372-8808</i>	
<i>William S. Weatherford</i>					