


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000009825**

1. Entity Name  
**WEST PASCO INDUSTRIAL PARK MERCHANTS ASSOCIATION III, INC.**



Principal Place of Business <b>2535 SUCCESS DRIVE          ODESSA, FL 33556</b>	Mailing Address <b>2535 SUCCESS DRIVE          ODESSA, FL 33556</b>
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**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-NP CR2EQ37 (11/05)

4. FEI Number <b>51-0458510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, RICHARD W  
 2535 SUCCESS DRIVE  
 ODESSA, FL 33556**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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	<b>D BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD WEATHERFORD, WILLIAM S. 2535 SUCCESS DRIVE ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD VANDENLANGENBERGH, DEBORAH 2535 SUCCESS DRIVE ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

100000439059  
 03/01/06-80030-006 61.25

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 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: R.W. Baker **R.W. Baker** 2/14/06 **727-372-8808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #