2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 20, 2007 8:00 am Secretary of State

DOCUMENT # N0200009825 1. Entity Name WEST PASCO INDUSTRIAL PARK MERCHANTS ASSOCIATION III, INC.							082W		10 *******	01.23	
Principal Place of Business 2535 SUCCESS DRIVE 2535 SUCCESS DRIVE 2535 SUCCESS DRIVE 0DESSA, FL 33556 0DESSA, FL 33556					_		r	100sa		1 INC 11 AND 18 11	(\$1.8¢.188)
			ling Address 10 Destiny Way # 1							}	IBI BI SEBI
Suite, Apt.			e, Apt. #, etc.				01052007 Ch	ng-NP	CR2E037	(12/06)	
5.1, a 5.10.15			tv & State				4. FEI Number 51-045851	0		1 1	plied For t Applicable
Zip	Country	Zip		Cou	intry		5. Certificate of St	atus Desired		8.75 Addi	
33556	USA 6. Name and Address of Current		556	USA	<u> </u>		7. Name and Add			ee Required	-
		r vedistere	Agent		Name		. Weatherf		registere A	90111	
BAKER, RICHARD W 2535 SUCCESS DRIVE					Sirent Add	am 5 Dest	 Weathers O. Box Number is I Iny Way 	Not Acceptab	le)		
ODESSA,	FL 33556						<u></u>				
					City	essa		<u> </u>	FL	Zip Code 33556	
	named entity submits this statement for	or the purpo	se of changing its	register	ed office or r	registere	ed agent, or both, in	the State of F	lorida. I am ta	miliar with.	and accept
the obligat	ions of registered agent.	-11	1111	,				9	/16/0.	2	
SIGNATURE .	11/186 11	///01	Theta					d	1610.		
		7.32	 								
	Signature, typed or printed name of registered agen	nt and title if appl	icable. (NOTE	Registere	d Agent signature	re required	when reinstating)		DATE		
	Signature, typed or priviled name of registered agen Filling Fee is \$61.25 Due by May 1, 2007	and title if appl	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees	1		payable to	
10.	Filing Fee is \$61.25		9. Election Can	npaign F	inancing		\$5.00 May Be	Flo	DATE Make check orida Depart	payable to	ate
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12. Thereby certify that the information supplied with this filling 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.

CITY-S1-ZIP

CITY-ST-ZIP

CER OR DIRECTOR

Daytime Phone #