

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-20-2007 90036 010 ****61.25

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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 - No P.O. Box # 2210 Destiny Way # 1 Suite, Apt. #, etc.		3. Mailing Address 2210 Destiny Way # 1 Suite, Apt. #, etc.	
City & State Odessa, FL		City & State Odessa, FL	
Zip 33556	Country USA	Zip 33556	Country USA
6. Name and Address of Current Registered Agent BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL 33556		4. FEI Number 51-0458510	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		01052007 Chg-NP CR2E037 (12/06)	
		Name William S. Weatherford	
		Street Address (P.O. Box Number is Not Acceptable) 2210 Destiny Way	
		City Odessa	
		FL Zip Code 33556	
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 <i>William S. Weatherford</i>		DATE <i>2/16/07</i>	
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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, RICHARD W 2535 SUCCESS DRIVE ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEATHERFORD, WILLIAM S. 2535 SUCCESS DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANDENLANGENBERGH, DEBORAH 2535 SUCCESS DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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>2/16/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	