


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90027 002 \*\*\*\*61.25

**DOCUMENT # N02000009825**

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



Principal Place of Business  
 2210 DESTINY WAY #1  
 ODESSA, FL 33556

Mailing Address  
 2210 DESTINY WAY #1  
 ODESSA, FL 33556

**DO NOT WRITE IN THIS SPACE**

40030100



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>51-0458510</b>	Applied For 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

**WEATHERFORD, WILLIAM S**  
 2210 DESTINY WAY  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	PD <i>CHANGE TO</i> WEATHERFORD, WILLIAM S. <i>Michael GiAOUR KIS</i> <del>2535 SUCCESS DRIVE</del> <i>2210 Destiny Way</i> ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANDENLANGENBERGH, DEBORAH <del>2535 SUCCESS DRIVE</del> <i>2210 Destiny Way</i> ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>William Weatherford</i> <i>2210 Destiny Way</i> <i>Odessa, FL 33556</i>
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**

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: *X William S Weatherford* Date: *3/19/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #