

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000108404

1. Entity Name  
NP III, INC.



**FILED  
Apr 14, 2008 8:00 am  
Secretary of State**

04-14-2008 90028 006 \*\*\*150.00

Principal Place of Business  
5821 LAKE WORTH ROAD  
GREENACRES, FL 33463

Mailing Address

5821 LAKE WORTH ROAD  
GREENACRES, FL 33463

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

01092008 Chg-P CR2E034 (12/06)

Zip Country Zip Country

4. FEI Number  
65-1065206

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SIDEL, PETER S  
5821 LAKE WORTH ROAD  
GREENACRES, FL 33463

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HART, JOEL B  
STREET ADDRESS 5821 LAKE WORTH ROAD  
CITY-ST-ZIP GREENACRES, FL 33463

Delete

TITLE V  
NAME FORBERGER, PAUL  
STREET ADDRESS 5821 LAKE WORTH ROAD  
CITY-ST-ZIP GREENACRES, FL 33463

Delete

TITLE D  
NAME SIDEL, PETER S  
STREET ADDRESS 5821 LAKE WORTH ROAD  
CITY-ST-ZIP GREENACRES, FL 33463

Delete

TITLE SD  
NAME HART, NANCY C  
STREET ADDRESS 5821 LAKE WORTH ROAD  
CITY-ST-ZIP GREENACRES, FL 33463

Delete

TITLE V  
NAME ADAMS, MATTHEW P  
STREET ADDRESS 5821 LAKE WORTH ROAD  
CITY-ST-ZIP LAKE WORTH, FL 33463

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 607, 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:** *Paul Forberger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Forberger, Senior VP 03/01/08 561-966-0070*

Date

Daytime Phone #