


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90018 019 ***150.00

DOCUMENT # P01000117849			
1. Entity Name SANTA ROSA THREE, INC.			
Principal Place of Business 135 E. JOHN SIMS PKWY. NICEVILLE, FL 32578		Mailing Address P.O BOX 921 NICEVILLE, FL 32588	
2. Principal Place of Business - No P.O. Box 6143 Old Bethal Rd. Suite, Apt. #, etc.		3. Mailing Address PO BOX 1622 Suite, Apt. #, etc.	
City & State Crestview, FL Zip 32536 Country USA		City & State Crestview, FL Zip 32536 Country USA	
6. Name and Address of Current Registered Agent MOORE, JAMES E 135 E. JOHN SIMS PKWY. NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name: Moore, James E Street Address (P.O. Box Number is Not Acceptable) 1213 Old Bethal Rd. City: Crestview FL Zip Code: 32536	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, JAMES E 135 E. JOHN SIMS PKWY. NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Moore, James E 6143 Old Bethal Rd. Crestview, FL 32536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD POPE, GRADY D 109 BULLOCK BLVD. NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04102008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0035562
Applied For
Not Applicable

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11 April 08 850-729-1600