

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000032156

1. Entity Name
STAFF MANAGEMENT SOLUTIONS III, INC.



FILED

06 JUN 23 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06152006 Chg-P CR2E034 (11/05)

Principal Place of Business 1911 US HWY 301 N STE 450 TAMPA, FL 33619 US		Mailing Address 1911 US HWY 301 N STE 450 TAMPA, FL 33619 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 06-1684082	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLCOMB, VICTOR W 106 S TAMPANIA AVENUE STE 200 TAMPA, FL 33609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D HARPER, WILLIAM H	<input type="checkbox"/> Delete	TITLE	\$26/27	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2930 JOHN MOORE RD		NAME		
STREET ADDRESS	BRANDON, FL 33511		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D/P HARPER, STEVEN D	<input type="checkbox"/> Delete	TITLE	100076881391	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4311 ROBIN LN		NAME	06/28/06--01040--001 **1347.50	
STREET ADDRESS	TAMPA, FL 33609		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D/V/P LIESS, ROBERT M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2602 W SAM ALLEN RD		NAME		
STREET ADDRESS	PLANT CITY, FL 33564		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	COO SMITH, J E	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13811 WHISPERWOOD DR		NAME		
STREET ADDRESS	CLEARWATER, FL 33762		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Steven D Harper Steven D Harper 6/16/06 (813) 246-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #