


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000032156 1. Entity Name STAFF MANAGEMENT SOLUTIONS III, INC.	
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FILED

06 JUN 23 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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06152006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number 06-1684082	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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		Delete
TITLE	D HARPER, WILLIAM H	<input type="checkbox"/>
NAME	2930 JOHN MOORE RD	
STREET ADDRESS	BRANDON, FL 33511	
CITY-ST-ZIP		
TITLE	D/P HARPER, STEVEN D	<input type="checkbox"/>
NAME	4311 ROBIN LN	
STREET ADDRESS	TAMPA, FL 33609	
CITY-ST-ZIP		
TITLE	D/VP LIESS, ROBERT M	<input type="checkbox"/>
NAME	2602 W SAM ALLEN RD	
STREET ADDRESS	PLANT CITY, FL 33564	
CITY-ST-ZIP		
TITLE	COO SMITH, J E	<input checked="" type="checkbox"/>
NAME	13811 WHISPERWOOD DR	
STREET ADDRESS	CLEARWATER, FL 33762	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	\$26/27	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	100076681391	<input type="checkbox"/>	<input type="checkbox"/>
NAME	06/28/06--01040--001 **1347.50		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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 #