


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90100 020 ***150.00

DOCUMENT # P03000058668

1. Entity Name
OLD CROW III, INC.



Principal Place of Business Mailing Address
5169 S. FERDON **5169 S. FERDON**
CRESTVIEW, FL 32536 **CRESTVIEW, FL 32536**

00011001



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State City & State

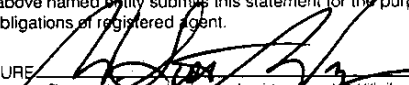
4. FEI Number **81-0615745** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
WYNN, WENDELL S P
3253 MARINER'S DRIVE
PENSACOLA, FL 32526

7. Name and Address of New Registered Agent
 Name **Wendell S. Wynn**
 Street Address (P.O. Box Number is Not Acceptable)
3379 HOLT CIRCLE
 City **Pensacola** FL Zip Code **32526**

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) **1/31/07** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WYNN, WENDELL S	
STREET ADDRESS	3253 MARINER'S DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENNEDY, JEFFERY A VP	
STREET ADDRESS	883 LISMORE DRIVE	
CITY-ST-ZIP	COLUMBUS, GA 31904	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	YODER, JOHN N S/T	
STREET ADDRESS	2103 JUNO CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, WENDELL S	
STREET ADDRESS	3379 HOLT CIRCLE	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **1/31/07** DATE **850-682-7705** Daytime Phone #