


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90045 024 ***150.00

DOCUMENT # P03000062978	
1. Entity Name P & S III, INC.	

Principal Place of Business 1401 HIGHWAY A1A SUITE 301 VERO BEACH, FL 32963	Mailing Address 1401 HIGHWAY A1A SUITE 301 VERO BEACH, FL 32963
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50013924



2. Principal Place of Business 3001 Ocean Drive Suite, Apt. #, etc. Suite 202	3. Mailing Address 3001 Ocean Drive Suite, Apt. #, etc. Suite 202
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01112005 Chg-P CR2E034 (10/03)

City & State Vero Beach, FL 32963	City & State Vero Beach, FL 32963
Zip 32963	Country USA

4. FEI Number 56-2367446	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963	
7. Name and Address of New Registered Agent Name - Catherine Emrick Street Address (P.O. Box Number is Not Acceptable) 3001 Ocean Drive, Suite 202 City Vero Beach FL Zip Code 32963	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <u><i>Catherine Emrick</i></u> Catherine Emrick	DATE <u>2/9/05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROSTER, DONALD C		NAME Proctor, Donald C.	
STREET ADDRESS 3001 OCEAN DRIVE, SUITE 202		STREET ADDRESS 3001 Ocean Drive, Suite 202	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP Vero Beach, FL 32963	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANSON, JOHN F		NAME SWANSON, JOHN F	
STREET ADDRESS 3001 OCEAN DRIVE, SUITE 202		STREET ADDRESS 3001 OCEAN DRIVE, SUITE 202	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP VERO BEACH, FL 32963	
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 	
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 exemption stated in Section 119.07(3)(i), 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: <u><i>Donald C. Proctor</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>1/28/05</u> DAYTIME PHONE # <u>772-234-2577</u>