

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P03000078841

1. Entity Name
DIMENSION III FINANCIAL SERVICES, INC.



Principal Place of Business
14207 OAK VALLEY DRIVE
ORLANDO, FL 32826 US

Mailing Address
14207 OAK VALLEY DRIVE
ORLANDO, FL 32826 US



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0193385

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURSEY, DAVID MR.
14207 OAK VALLEY DRIVE
ORLANDO, FL 32826

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME	BURSEY, DAVID MR..
STREET ADDRESS	14207 OAK VALLEY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	SEC
NAME	BURSEY, DAVID MR..
STREET ADDRESS	14207 OAK VALLEY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	TR
NAME	BURSEY, JO MS.
STREET ADDRESS	14207 OAK VALLEY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80040-024 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

Date

407-277-4670

Daytime Phone #