


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

07-12-2004 90021 044 ***150.00

DOCUMENT # P03000096181 1. Entity Name WOC III INC.			
Principal Place of Business 2430 TRONJO CIR. PENSACOLA, FL 32503		Mailing Address 2430 TRONJO CIR. PENSACOLA, FL 32503	
2. Principal Place of Business Suite, Apt. #, etc. PENSACOLA FL 32503		3. Mailing Address Suite, Apt. #, etc. PENSACOLA FL 32503	
City & State PENSACOLA FL		City & State PENSACOLA FL	
Zip 32503		Zip 32503	
Country USA		Country USA	
4. FEI Number 20-0261790		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CHAVIS, WILLIAM O III 2430 TRONJO CIR. PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>William O Chavis III</u> (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILLIAM O CHAVIS III 2430 TRONJO CIR PENSACOLA FL 32503	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>William O Chavis III</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-30-2004 Date Daytime Phone #	