

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90025 006 ***150.00

DOCUMENT # P04000111200 1. Entity Name ROARK ENTERPRISES, INC. III			
Principal Place of Business 1335 W. BRANDON BLVD. SUITE H BRANDON, FL 33511 US		Mailing Address 826 GOLF ISLAND DR APOLLO BEACH, FL 33572 US	
2. Principal Place of Business - No P.O. Box # 1202 Tech Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 204	
City & State Tampa, FL		City & State Tampa Florida FL	
Zip 33619		Zip 33619	
4. FEI Number 20-1420770		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROARK, JAMES B JR. 1335 W. BRANDON BLVD. SUITE H BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1202 Tech Blvd, Ste 204 City Tampa State Florida Zip Code 33619	
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 James B. Roark, Jr. 2-25-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROARK, JAMES B JR 826 GOLF ISLAND DR APOLLO BEACH, FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROARK, MIRIAM 826 GOLF ISLAND DR APOLLO BEACH, FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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: Miriam L. Roark 2-25-08 (813) 657-3499 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			