


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90022 034 \*\*\*158.75

<b>DOCUMENT # P04000150905</b>		
1. Entity Name RAR III, INC.		

Principal Place of Business 2031 4TH ST. NTH SUITE #7 ST. PETERSBURG, FL 33704 US	Mailing Address 2031 4TH ST. NTH SUITE #7 ST. PETERSBURG, FL 33704 US
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40062541



2. Principal Place of Business - No P.O. Box # 1252 56th Ave N Suite, Apt. #, etc.	3. Mailing Address 1252 56th Ave N Suite, Apt. #, etc.
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04062008 Chg-P CR2E034 (12/06)

City & State ST. Pete FL	City & State ST. Pete FL
Zip 33703	Country US

4. FEI Number 20-1835743	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTS, RICHARD A III 2031 4TH ST. NTH. SUITE #7 ST. PETERSBURG, FL 33704	
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7. Name and Address of New Registered Agent Name <u>Roberts Richard A Roberts III</u> Street Address (P.O. Box Number is Not Acceptable) <u>1252 56th Ave N</u> City <u>ST. Pete</u> FL Zip Code <u>33703</u>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, RICHARD A III 2031 4TH ST. NTH. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard A. Roberts III 1252 56th Ave N ST. Pete, FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard A. Roberts III 4/8/08 (727) 433-1311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #