## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jan 12, 2006 8:00 am Secretary of State

DOCUMENT # P05000099571  1. Entity Name FLAT LAND PROPERTIES III, INC.							01-12-2006 90168 009 ***150.00				
Principal Plac	e of Business	Ma	ailing Address								
4960 COMMONWEALTH DRIVE SARASOTA, FL 34242 US			4960 COMMONWEALTH DRIVE Sarasota, FL 34242 US								
Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01042006	Chg-P	CR2E	034 (11/05)			
City & State			City & State		4. FEI Numbe	er		<b>—</b>	pplied For ot Applicable		
Zip	Country		Zip C		5. Certificate of Status Det		of Status Desired		\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
W. BARTLETT SCOVILL, P.A.					Name						
1605 MAIN STREET SUITE 912					Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA, FL 34236					00				1		
						City FL Zip Code					
8. The above the obligat	named entity submits this statement tions of registered agent.	ent for the p	ourpose of changing its	register	ed office or regi	istered agent, or bot	h, in the State of Flo	orida. Lan	n familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title i	if applicable. (NOT)	E: Registere	rd Agent signature reg	quired when reinstating)		DATE			
	¥	1		•							
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$5		9. Election Campa Trust Fund Cont		ncing :	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	ID DIRECTOR		
TITLE					E BE				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	SARASOTA, FL 34242				EET ADORESS - ST-ZIP						
TITLE NAME	VP Delete								☐ Change	☐ Addition	
STREET ADDRESS	4960 COMMONWEALTH DR	EET ADDRESS									
CITY-ST-ZIP	SARASOTA, FL 34242				-ST-ZIP					<u> </u>	
NAME			☐ Delete	NAM					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			□ Delete	TITL					☐ Change	Addition	
NAME			_ ocicio	NAM	BE P				change		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITL		<del></del>			☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			☐ Delete	TITL					☐ Change	Addition	
NAME STREET ADDRESS				NAM STRI	eet address						
CITY-ST-ZIP	/			CITY	-ST-ZIP						
12. I hereby of indicated of the corchanged	certify that the information supplied on this report or supplemental re- reporation or the receiver or trusted , or on an attach hert with an addr	d with this fi part is true a empowered ess, with all	iling does not qualify for and accurate and that red to execute this report I other like empowered	or the ex my signa as requ	emptions contai ture shall have t ired by Chapter	ined in Chapter 119 the same legal effect 607, Florida Statute	, Florida Statutes. I it as if made under is; and that my nam	further ce oath; that e appears	ertify that the l am an office in Block 10 o	information r or director or Block 11 if	