

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139302

Entity Name: AMULET INVESTORS III, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

11512 LAKE MEAD AVE. BLDG. 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

11512 LAKE MEAD AVE. BLDG. 100
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-0432174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSSITER, ALAN
Address: 11512 LAKE MEAD AVE. BLDG. 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CAIN, MICHAEL
Address: 1802 SOUTH CHURCHILL DRIVE
City-St-Zip: WILMINGTON, NC 28403

Title: D () Delete
Name: FRANKLIN, ROBERT
Address: 1 DIAMOND CAUSE WAY 21-308
City-St-Zip: SAVANNAH, GA 31406

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRANKLAND, THOMAS
Address: 5040 BENTGRASS CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WILSON, DOUGLAS
Address: 5140 BRIDLEWOOD COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Change (X) Addition
Name: MARSHALL, ANDREA
Address: 19 UNWIN WAY
City-St-Zip: MT. PLEASANT, SC 29464

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CAIN

D

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date