

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/24/2008-90120-029-\$150.00-\$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000090335					
1. Entity Name FPOC III INC.					
Principal Place of Business C/O SEAGIS PROPERTY GROUP ONE TOWER BRIDGE 100 FRONT ST SUITE 1370 WEST CONSHOHOCKEN, PA 19428			Mailing Address C/O SEAGIS PROPERTY GROUP ONE TOWER BRIDGE 100 FRONT ST SUITE 1370 WEST CONSHOHOCKEN, PA 19428		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 26-3423876			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E PARK AVE TALLAHASSEE, FL 32301			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BEGIER, JOHN		NAME		
STREET ADDRESS	100 FRONT STREET ONE TOWER BRIDGE STE 1370		STREET ADDRESS		
CITY- ST- ZIP	WEST CONSHOHOCKEN, PA 19428		CITY- ST- ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LEE, CHARLES		NAME		
STREET ADDRESS	100 FRONT STREET ONE TOWER BRIDGE STE 1370		STREET ADDRESS		
CITY- ST- ZIP	WEST CONSHOHOCKEN, PA 19428		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MOYER, KENNETH		NAME		
STREET ADDRESS	100 FRONT STREET ONE TOWER BRIDGE STE 1370		STREET ADDRESS		
CITY- ST- ZIP	WEST CONSHOHOCKEN, PA 19428		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:		Kenneth C. Moyer		3-7-08 984-530-9133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	