

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90021 048 ***150.00

DOCUMENT # P07000131182 1. Entity Name GREEN TREE PROPERTIES III, INC.					
Principal Place of Business 1000 W. BEACON ROAD LAKELAND, FL 33803			Mailing Address 1000 W. BEACON ROAD LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box # 1211 JAFFA ST		3. Mailing Address PO BOX 8875			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKELAND, FL		City & State LAKELAND, FL		4. FEI Number 26-1602736	
Zip 33801		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33806		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANLEY, BOB W 1000 W. BEACON ROAD LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name JOHN W. CROWSON, III Street Address (P.O. Box Number is Not Acceptable) 1211 JAFFA ST. City LAKELAND FL Zip Code 33801		
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 JOHN W. CROWSON, III 4/2/08 <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 <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	D <input checked="" type="checkbox"/> Delete STANLEY, BOB W 1000 W. BEACON ROAD LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CROWSON, JOHN W III 1000 W. BEACON ROAD LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT 1211 JAFFA ST LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STANLEY-CROWSON, NANCY J 1000 W. BEACON ROAD LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE-PRESIDENT, SECRETARY/TREASURER 1211 JAFFA ST LAKELAND, FL 33801	
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: NANCY J. STANLEY-CROWSON 4/2/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/2/08 Daytime Phone # 863-682-7904		