

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133255

**FILED**  
**Mar 15, 2009**  
**Secretary of State**

**Entity Name:** TREADWELL III INCORPORATED

**Current Principal Place of Business:**

25724 ABERDOVEY AVENUE  
MOUNT PLYMOUTH, FL 32776

**New Principal Place of Business:**

25548 COUNTY ROAD 44A  
EUSTIS, FL 32736

**Current Mailing Address:**

POST OFFICE BOX 525  
SORRENTO, FL 32776

**New Mailing Address:**

FEI Number: 26-1619311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TREADWELL, JENNIFER A  
25724 ABERDOVEY AVENUE  
MOUNT PLYMOUTH, FL 32776 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: TREADWELL, JENNIFER A  
Address: 25724 ABERDOVEY AVENUE  
City-St-Zip: MOUNT PLYMOUTH, FL 32776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: TREADWELL, JENNIFER A  
Address: 25724 ABERDOVEY AVENUE  
City-St-Zip: MOUNT PLYMOUTH, FL 32776

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: JENNIFER A. TREADWELL

DPST

03/15/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date