


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P92000007676</b> 1. Entity Name <b>WINTERVILLE GENPAR III, INC.</b>					
Principal Place of Business <b>5811 BELTLINE ROAD DALLAS TX 75240 US</b>			Mailing Address <b>5811 BELTLINE ROAD DALLAS TX 75240 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				Name <b>Uda Zapf</b> <b>17597 Rockefellowen CRA</b> <b>Ft. Myers Fl. 33912</b>	
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 <i>Uda Zapf</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>July 30, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAMOND, JAMES		NAME		
STREET ADDRESS	700 LAWRENCE AVE., WEST STE 350		STREET ADDRESS		
CITY-ST-ZIP	TORONTO CA		CITY-ST-ZIP		
TITLE	O <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, JACK		NAME		
STREET ADDRESS	5140 YONGE STREET #1525		STREET ADDRESS		
CITY-ST-ZIP	WILLOWDALE ON		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemption stated in Section 119.07(3)(i), 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: <i>Robert H. H.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>7-30-05</b> <small>Date</small>		DAYTIME PHONE <b>972-786-0999</b> <small>Daytime Phone #</small>

FILED

05 DEC 29 PM 2:53



11/01/05 01007 WGS SSN-W  
1st MOORE CR2E034 (10/04)

4. FEI Number **59-3153924**  
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Name **Uda Zapf**  
**17597 Rockefellowen CRA**  
**Ft. Myers Fl. 33912**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

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CITY-ST-ZIP	

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**1099**

**200062469512**  
**12/29/05--01019--021 \*\*208.75**

*13 11/29/05*  
**STATEMENTS**