

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90027 021 \*\*\*550.00

**DOCUMENT # P93000039886**

1. Entity Name  
**W. F. S. III LIMITED INCORPORATED**



Principal Place of Business  
**1221 BRUCE B DOWLES  
STE 109  
WESLEY CHAPEL, FL 33543 US**

Mailing Address  
**1221 BRUCE B DOWLES  
STE 109  
WESLEY CHAPEL, FL 33543 US**

**60038555**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

09012006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3184136**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STEERS, WILLIAM F III  
5639 6TH STREET  
ZEPHYRHILLS, FL 33541**

**7. Name and Address of New Registered Agent**

Name  
**Steers William F. III**

Street Address (P.O. Box Number is Not Acceptable)  
**1221 Bruce B. Downs # 109**

City  
**Wesley Chapel** FL Zip Code  
**33543**

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]*

**9-1-06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STEERS, WILLIAM F III 5639 6TH STREET ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEERS, WILLIAM F 5639 6TH STREET ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Steers William</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1221 Bruce B. Downs # 109</b> <b>Wesley Chapel FL 33543</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Steers William</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1221 Bruce B. Downs # 109</b> <b>Wesley Chapel, FL 33543</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-1-06**

Date

**813-907-9520**

Daytime Phone #