2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Mar 13, 2006 08:00 AM Secretary of State **DOCUMENT # P97000014414** 1. Entity Name EBK PROPERTIES III, INC. Principal Place of Business Mailing Address 5510 W. LASALLE ST 5510 W. LASALLE ST SUITE 210 SUITE 210 TAMPA, FL 33607 TAMPA, FL 33607 01052006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3427329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OLSON, PAUL E DO NOT WRITE 1776 RINGLING BLVD. SARASOTA, FL 34236 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) 000000465838 03/22/06-80051-025 150.**00** 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KNIPPERS, EUGENE B. STREET ADDRESS 5510 W. LASALLE ST, SUITE 210 C17Y-S7-219 TAMPA, FL 33607 TITLE ALLRED, BRIAN M. NAME STREET ADDRESS 5510 W. LASALLE ST, SUITE 210 CITY-ST-ZIP TAMPA, FL 33607 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 direct 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 in changed, or on an attachment with appropriate with all other like empowered.

SIGNATURE:

CHY-SI-ZIP

INTLE

NAME
STREET ADDRESS
CHY-SI-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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