


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90017 044 ***158.75

DOCUMENT # P97000068228

1. Entity Name
WORTHWHILE AFFORDABLE DEVELOPMENT III, INC.



Principal Place of Business
**1110 DOUGLAS AVE. SUITE 2050
 SUITE 2050
 ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**1110 DOUGLAS AVE. SUITE 2050
 SUITE 2050
 ALTAMONTE SPRINGS, FL 32714**

60023907

2. Principal Place of Business - No P.O. Box #
**365 WEKIVA SPRINGS RD
 SUITE, Apt. #, etc.
 SUITE 231**

3. Mailing Address
**365 WEKIVA SPRINGS RD
 SUITE, Apt. #, etc.
 SUITE 231**



01282008 Chg-P CR2E034 (12/06)

City & State
LONGWOOD FL

City & State
LONGWOOD, FL

Zip Country
32779 USA

Zip Country
32779 USA

4. FEI Number
59-3464685

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROYALL, H. J. JR
 1110 DOUGLAS AVE
 SUITE 2050
 ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

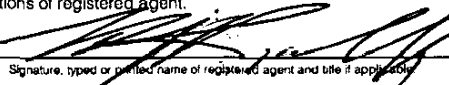
Name
ROYALL, H.J. JR

Street Address (P.O. Box Number is Not Acceptable)
365 WEKIVA SPRINGS ROAD

SUITE 231

City **LONGWOOD** FL Zip Code **32779**

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:  (NOTE: Registered Agent signature required when reinstating)


DATE: **4/14/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PSTD ROYALL, H. J. JR 1110 DOUGLAS AVE SUITE 2050 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYALL, H.J. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 365 WEKIVA SPRINGS RD. SUITE 231 LONGWOOD, FL 32779
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
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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:  DATE: **4/14/08** Daytime Phone # **407-774-0303**