

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90199 050 ***150.00

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1. Entity Name
STODDARD REALTY MANAGEMENT GROUP III, INC.



Principal Place of Business Mailing Address
4580 DONALD ROSS RD, SUITE 107 **4580 DONALD ROSS RD, SUITE 107**
PALM BEACH GARDENS, FL 33418 **PALM BEACH GARDENS, FL 33418** **US** **US**

60036475

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

04292008 Chg-P CR2E034 (12/08)

City & State City & State 4. FEI Number Applied For
Zip **Country** **Zip** **Country** **65-0846688** **Not Applicable**

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

8. Name and Address of Current Registered Agent

STODDARD, BATES F
741 INDIANTOWN ROAD
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4580 Donald Ross Rd Ste 107
City **Palm Beach Gardens** **FL** Zip Code **33418**

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **STODDARD, BATES F**
STREET ADDRESS **2928 PGA BLVD STE 101**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4580 Donald Ross Rd Ste 107**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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 or 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

Bates Stoddard

4/30/08