2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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DOCUN 1. Entity Name	MENT # P9800007300			Feb 27, 2004 08:00 AM Secretary of State					
RS III, INC					/				
Principal Place	of Business	Mailing Address	•	•					
600 E COLO SUITE 100 ORLANDO F	NIAL DR	600 E COLONIAL DR SUITE 100 ORLANDO FL 32803							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt	#, etc	Suite. Apt. #, etc.			ħ.	MOORE C	R2E034 (11/		
City & State		City & State			4. FEI Number	59-3528800	<u> </u>	Not /	lied For Applicable
Ziρ	Country	Zip Countr		etry	5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent	egistered Agent Name			Address of New Re	gistered Agent	<u> </u>	
scn	IRIMSHER, J. STEVEN							··	
600	E COLONIAL DR			Street Address	s (P.O. Box Number	is Not Acceptable)			 -
	ANDO FL 32803			City			FL 2	ip Code	
O. The share	named entity submits this statement to	ir the autoco of discooling its	recipion	ed office or regist	tered agent or holfs	in the State of Flor		arviith a	nd accent
	named entity southliss this statement it sons of registered agent.	in the barbose of everywall	s registor	ca omeo o regio	teres agern, er som	, 117 1170 011110 01 1 1		a, a.	75 40005
SIGNATURE.		and Mar If analysamin 1967	E Øggietere	ed Agent signature requi	iceri ubon zoliżstiński)		DATE		
	Signature, typed or printed name of registered agrant	and title it applicable. (NO	r register	eu Agent signature rega	reft with the state of		P0137		
Afte	ILE NOW!!! FEE IS \$150.00 y r May 1, 2004 Fee will be \$550.00 o Reyable to Florida Department o	f State				tion Campaign Fina st Fund Contribution		\$5.00 Added 1	May Be to Fees
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFIC	CERS AND DIR	ECTORS	IN II
IITLE	D	☐ Delete	ππ					Change	Addition A
HAME	RIFE, JOHN M JR		NAM	··· i		U00000067	1957		
STREET ADDRESS CITY-ST-ZIP	427 S NEW YORK AVE WINTER PARK FL 32789			Y-ST-ZIP	FI	2/27/04-800	J20 - 020 1	50.00	
THILE	D	☐ Delete	THE	.E				Спаное	Addition
NAME	SCHRIMSHER, J. STEVEN		NAME						
STREET ADDRESS CITY-ST-ZIP	600 E COLONIAL DR STE 100 ORLANDO FL 32803		1	Y-ST-ZIP					
TITLE	D	Delete	TITE	LE				Change	Addition
NAME	SCHRIMSHER, FRANK		NA:	ME REET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	600 E COLONIAL DR STE 100 ORLANDO FL 32803			Y-ST-ZIP					
TITLE	D	☐ Delete	THT	LE				Change	Addition
NAME	SCHRIMSHER, MICHAEL		NA!	1					
STREET ADDRESS CITY-ST-ZIP	600 E COLONIAL DR STE 100 V ORLANDO FL 32803		3	Y-ST-ZIP			•		
TITLE		☐ Delete	757	ι£		**************************************		Change	☐ Addition
NAME			NA.	ME REET AODRESS					
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Oelete	187	TE .				Change	Addition
NAME			NA.	3					
STREET ADDRESS CETY-ST-ZIP				reet address Ty - St - 21P					
L	certify that the information supplied will ton this report or supplemental report	th this filing cloes not qualify f	or the ex	emption stated in	Section 119.07(3)(i), Florida Statutes I	further certify the	nat the in	formation
of the co	f on this report or supplemental report rporation or the receiver or trustee empty, or on an attachment with an address	powered to execute this repo	n as requ	ature shall have to dired by Chapter I	ne same legal effect 607, Florida Statutes	, as it made under o s, and that my name	an, mat ram a appears in Bio	ick 10 or	Block 11 if
SIGNAT	TURE: XIII		15.5	steven Sc	hrimsher	4-10-04	407-4	23-7	600
, ~.~.	SCHATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICE	R OR DIRE		· · · · · · · · · · · · · · · · · · ·	Date	Daytimy	e Phone #	

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Schrimsher 4-10-04

. FILED

407-423-7600 Daylime Phone #