2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000081966

CANTONMENT THREE, INC.



Principal Place of Business

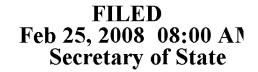
516 LAKEVIEW ROAD

UNIT 8 CLEARWATER, FL 33756 Mailing Address

516 LAKEVIEW ROAD

HNIT 8

CLEARWATER, FL 33756





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01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3534382

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional XX Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	urpose of changing its registe	red office or re	egistered agent, or both, in	n the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	86000888705	Marian digentigations	
ITILE NAME STREET ADDRESS CITY-ST-ZIP	DPST FLYNN, THOMAS F 516 LAKEVIEW ROAD - UNIT 8 CLEARWATER, FL 33756		950 (1866) 1860 (1866)	ijan pilak nakoniajan nako Spanjan nakoniajan iliku nipi	
TITLE NAME	DVP FLYNN, KEVIN T				000000838075 03/05/08-80045-048-458-75

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STREET ADDRESS 516 LAKEVIEW ROAD - UNIT 8 CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

Kevin T. Flynn, Vice President

ED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08

727-449-1182

Date

Daytime Phone #