

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90201 008 ***150.00



DOCUMENT # F99000006589
 1. Entity Name
 STELLAR MANAGEMENT GROUP III, INC.

Principal Place of Business
 407 EAST 5TH STREET
 CHATTANOOGA, TN 37403

Mailing Address
 407 EAST 5TH STREET
 CHATTANOOGA, TN 37403



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 62-1786821 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE, FL 32301

DO NOT WRITE 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	BULLARD, ROBERT C
STREET ADDRESS	407 EAST 5TH STREET
CITY - ST - ZIP	CHATTANOOGA, TN 37403
TITLE	V
NAME	STOPHEL, GLENN C
STREET ADDRESS	2 UNION SQUARE, 1000 TALLAN BLDG.
CITY - ST - ZIP	CHATTANOOGA, TN 37402
TITLE	S
NAME	BULLARD, DAWN K
STREET ADDRESS	407 EAST 5TH STREET
CITY - ST - ZIP	CHATTANOOGA, TN 37403
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert C Bullard 3-23-04 423-265-7098
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #