2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P04000165082

Entity Name: WATSON & COMPANY OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

15138 JOHNS LAKE RD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

15138 JOHNS LAKE RD
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-2289995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSBORNE, WILLIAM G ESQ
538 E. WASHINGTON STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	WATSON, JAMES A	
Address:	15138 JOHNS LAKE RD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	DT	( ) Delete
Name:	MARINO, AMY	
Address:	841 HIGH POINTE CIR.	
City-St-Zip:	MINNEOLA, FL 34715	
Title:	DS	( ) Delete
Name:	WATSON, MELISSA	
Address:	15138 JOHNS LAKE RD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	(X) Delete
Name:	THORNTON, STANLEY R	
Address:	720 VIA MILANO	
City-St-Zip:	APOPKA, FL 32712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	MARINO, AMANDA L	
Address:	841 HIGH POINTE CIRCLE	
City-St-Zip:	MINNEOLA, FL 34715	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA MARINO DT 01/14/2009

Electronic Signature of Signing Officer or Director — Date