

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 019 ***150.00

DOCUMENT # 181176	
1. Entity Name WATSON INVESTMENT COMPANY INC	

Principal Place of Business 5411 ORTEGA BLVD P O BOX 113 ORTEGA STATION JACKSONVILLE FL 32210	Mailing Address 4660 ALGONQUIN AVE JACKSONVILLE FL 32210
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2. Principal Place of Business 4660 Algonquin Avenue	3. Mailing Address JAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Jacksonville, FL	City & State	4. FEI Number 59-0818261	Applied For <input type="checkbox"/> Not Applicable
Zip 32210	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WATSON, FRANK L 5411 ORTEGA BLVD JACKSONVILLE FL 32210		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 4660 Algonquin Ave.	
		City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VD	<input type="checkbox"/> Delete
NAME WATSON, FRANCES S	
STREET ADDRESS 5411 ORTEGA BLVD	
CITY-ST-ZIP JACKSONVILLE, FL 00000	
TITLE PD	<input type="checkbox"/> Delete
NAME WATSON, FRANK L	
STREET ADDRESS 4660 ALGONQUIN AVENUE	
CITY-ST-ZIP JACKSONVILLE, FL 00000	
TITLE SD	<input type="checkbox"/> Delete
NAME HORNE, FLORA B	
STREET ADDRESS 5411 ORTEGA BLVD	
CITY-ST-ZIP JACKSONVILLE, FL 00000	
TITLE D	<input type="checkbox"/> Delete
NAME BOND, KIRVEN W	
STREET ADDRESS 4660 ALGONQUIN AVE	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 4660 Algonquin Ave.	
CITY-ST-ZIP Jacksonville, FL, 32210	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 11882 Old Oaks Court South	
CITY-ST-ZIP Jacksonville, FL, 32223	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frances S. Watson FRANCES S. WATSON 1-22-06 904-389-6880