

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184790

Entity Name: WATSON DS INC

FILED  
Mar 05, 2008  
Secretary of State

## Current Principal Place of Business:

4422 LAFAYETTE ST  
P O BOX 188  
MARIANNA, FL 324470188 US

## New Principal Place of Business:

4422 LAFAYETTE ST  
MARIANNA, FL 32446 US

## Current Mailing Address:

4422 LAFAYETTE  
BOX 188  
MARIANNA, FL 324470188 US

## New Mailing Address:

PO BOX 188  
MARIANNA, FL 324470188 US

FEI Number: 59-0746235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON JR, LUCIEN W P  
4384 KELSON AVE  
MARIANNA, FL 32446 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: DV ( ) Delete  
Name: WATSON, PHILIP W V  
Address: 4523 DECATUR ST  
City-St-Zip: MARIANNA, FL 32446 US

Title: DST ( ) Delete  
Name: WATSON, LOIS A S  
Address: 4384 KELSON AVE  
City-St-Zip: MARIANNA, FL 32446

Title: DP ( ) Delete  
Name: WATSON JR, LUCIEN W P  
Address: 4384 KELSON AVE  
City-St-Zip: MARIANNA, FL 32446 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PHILIP W WATSON

DV

03/05/2008

Electronic Signature of Signing Officer or Director

Date