

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184790

Entity Name: WATSON DS INC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

4422 LAFAYETTE ST
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
MARIANNA, FL 324470188 US

New Mailing Address:

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:

WATSON JR, LUCIEN W
4384 KELSON AVE
MARIANNA, FL 32446 US

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: LUCIEN W WATSON, JR.

03/20/2009

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: DV (X) Change () Addition
Name: WATSON, PHILIP W
Address: 4523 DECATUR ST
City-St-Zip: MARIANNA, FL 32446 US

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

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

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

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date