


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 191210 1. Entity Name WATKINS HOME SERVICE INC	
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Principal Place of Business 315 SW 62ND AVE HOLLYWOOD, FL 33023	Mailing Address 315 SW 62ND AVE HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0763576	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATKINS, FRED E 232 TREASURE HARBOR DR ISLAMORADA, FL 33036

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: FRED E. WATKINS **FRED E. WATKINS** 3-8-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, M D 315 S 62ND AVE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, N A 232 TREASURE HARBOR DR ISLAMORADA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATKINS, SCOTT J. 315 S 62ND AVE HOLLYWOOD, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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03/22/06 90007-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: M. O. WATKINS **M. O. WATKINS** 3-8-06 954-989-9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #