

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 450076**

1. Entity Name  
THE WATTS COMPANY OF MARIANNA, INC.



Principal Place of Business  
4154-G LAFAYETTE STREET  
MARIANNA, FL 32446

Mailing Address  
4154-G LAFAYETTE STREET  
MARIANNA, FL 32446



**DO NOT WRITE IN THIS SPACE**

04242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1521088

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WATTS, JIMMY D.  
3187 4TH STREET  
MARIA  
MARIANNA, FL 32446

**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

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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
WATTS, JIMMY  
3187 4TH STREET  
MARIANNA, FL 00000, 32446

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
WATTS, NANCY A  
3187 4TH STREET  
MARIANNA, FL 32446

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
COLON, MARY E  
1347 RACHEL LANE  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000556284  
05/17/06-80003-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Jim Watts* **Jim Watts, President** 4/26/06 (850) 482-5781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #