


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90073 003 ***150.00

DOCUMENT # 515176 1. Entity Name PHILLIP WATTS ENTERPRISES, INC.																																					
Principal Place of Business 4010 B N. DAVIS HWY PENSACOLA, FL 32503 US				Mailing Address 4010 B.N DAVIS HWY PENSACOLA, FL 32503 US																																	
2. Principal Place of Business 1612 NO PACE BLVD		3. Mailing Address 1612 NO PACE BLVD																																			
Suite, Apt., #, etc. SUITE 5		Suite, Apt., #, etc. SUITE 5																																			
City & State PENSACOLA FL		City & State PENSACOLA FL																																			
Zip 32505		Zip 32505																																			
Country U.S.		Country U.S.		4. FEI Number 59-1691609																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent WATTS, PHILLIP 4010 B N. DAVIS HWY PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name WATTS, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 1612 NO. PACE BLVD STE 5 City PENSACOLA, FL Zip Code 32505																																	
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 <u><i>Phillip Watts</i></u> DATE <u>4/4/05</u> <small>Signature, Name, and Title of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD WATTS, PHILLIP 4010 B N. DAVIS HWY PENSACOLA, FL 32503 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, PHILLIP 4010 B N. DAVIS HWY PENSACOLA, FL 32503 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1612 NO PACE BLVD PENSACOLA FL 32505 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1612 NO PACE BLVD PENSACOLA FL 32505														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Phillip Watts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/5/05</u> TELEPHONE <u>850.433-1159</u> <small>Date Daytime Phone #</small>																																		