

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 565026

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** A.J. WATSON LAND SURVEYING, INC.

**Current Principal Place of Business:**

2284 DATE STREET  
ST JAMES CITY, FL 33956 US

**New Principal Place of Business:**

**Current Mailing Address:**

2284 DATE STREET  
SAINT JAMES CITY, FL 33956 US

**New Mailing Address:**

**FEI Number:** 59-1788343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, ALFRED J PD  
2284 DATE STREET  
SAINT JAMES CITY, FL 33956 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WATSON, ALFRED J PD  
Address: 2284 DATE STREET  
City-St-Zip: ST. JAMES CITY, FL 33956 US

Title: STD  
Name: WATSON, MARY B STD  
Address: 2284 DATE STREET  
City-St-Zip: ST. JAMES CITY, FL 33956 US

I hereby 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 all other like empowered.

SIGNATURE: ALFRED J. WATSON

PD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date