2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90304 038 ***150.00

J4U4J416

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1. Entity Name
WATSON PARTY TABLES INC.

Principal Place of Business	Mailing Address
5121 MONROE ST. HOLLYWOOD, FL 33021	2455 S. ALSTON AVE DURHAM, NC 27713

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02032004 Chg-P CR2E034 (10/03)

4. FEI Number: 56-1815129 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, A. SHAY
~~2242 GRANT STREET~~ 5121 MONROE ST.
~~HOLLYWOOD, FL 33020~~ HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: WATSON, MICHAEL S STREET ADDRESS: ~~5650 GLADE ROCK LANE~~ CITY-ST-ZIP: ~~RALEIGH, NC~~	☐ Delete	TITLE: NAME: STREET ADDRESS: 1300 BROOKS AVENUE CITY-ST-ZIP: RALEIGH NC 27607	☒ Change ☐ Addition
TITLE: V NAME: WATSON, RONNIE STREET ADDRESS: 28102 GOODMAN ROAD CITY-ST-ZIP: GOLD HILL, NC 28071	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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: Ronnie L. Watson Feb 11 2004 919-596-3521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #