

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90047 013 ***150.00

DOCUMENT # F04000001901

1. Entity Name
WATCHTOWER ASSOCIATES, LTD. INC.



Principal Place of Business
6490 SPARROW HAWK DR
WEST PALM BEACH, FL 33412

Mailing Address
6490 SPARROW HAWK DR
WEST PALM BEACH, FL 33412

40010964



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3332024

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STERN, SHELDON
6490 SPARROW HAWK DR
WEST PALM BEACH, FL 33412

**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, 2007 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
PCS
STERN, SHELDON
6490 SPARROW HAWK DR
WEST PALM BEACH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40010964 ATTACHMENT # F04000001901

Copy B To Be Filed With Employee's Federal Tax Return		2006		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
1	40000.00	11880.00		
b Employer ID number	3 Social security wages	4 Social security tax withheld		
11-3332024	40000.00	2480.00		
	5 Medicare wages and tips	6 Medicare tax withheld		
	40000.00	580.00		
c Employer's name, address, and ZIP code				
WATCHTOWER ASSOCIATES, LTD. C/O SHELDON STERN 6490 SPARROW HAWK DRIVE WEST PALM BEACH FL 33412				
d Employee's social security number				
078-22-2133				
e Employee's name, address, and ZIP code				
SHELDON STERN				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
FL	40000.00			
15 State Emplr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.
DAA

Copy B To Be Filed With Employee's State, City, or Local Income Tax Return		2006		OMB No. 1545-0008
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Copy C For EMPLOYEE'S RECORD (See Notice to Employee.)		2006		OMB No. 1545-0008
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Form W-2 Wage and Tax Statement DAA Dept. of the Treasury -- IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2006		OMB No. 1545-0008
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