2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F04000001901 1. Entity Name WATCHTOWER ASSOCIATES, LTD. INC. Principal Place of Business Mailing Address 6490 SPARROW HAWK DR 6490 SPARROW HAWK DR

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

02-07-2007 90047 013 ***150.00



DO NOT WRITE IN THIS SPACE

	 		
01102007	No Chg-P	CR2E034 (11/05)	

4. FEI Number	A	pplied For
11-3332024	 N	ot Applicable
5. Certificate of Status Desired	\$8.75 Ad Fee Require	

Duytime Phone #

Date

6. Name and Address of Current Registered Agent

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

the obligations of registered agent.

of the corporation or the receive changed, or on an attachmen

SIGNATURE: 3

WEST PALM BEACH, FL 33412

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or priviled name of registered agent and title	f applicable. (NOTE: Registered	l Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fi				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			1	·····
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS STERN, SHELDON 6490 SPARROW HAWK DR WEST PALM BEACH, FL 33412					
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NAME STREET ADDRESS CITY-ST-ZIP			· ·	DO	NOT WRITE	٠
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN '	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
Indicated	t on this report or europiamental report le true :	ind accurate and that my cional	ura chall hav	o the come legal offe	9. Florida Statutes. I further certify that the info ct as if made under oath; that I am an officer or es; and that my name appears in Block 10 or B	

ess, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

WATCHTOWI C/O SHELDO 6490 SPARRO WEST PALM	N STE NO HA	AWK DRIVE	33412	C/O SH 6490 S	HELDON	N STE	AWK DRIVE	3	33412	
d Employee's social se	ecurity nu	mber		d Employee		curity nu	mber			
078-22-2133 e Employee's name, ad	ddross a	nd ZIP code		078-22-		droce a	nd ZIP code			
		na zn coac					na zir code			
SHELDON ST	ERN			SHELD	OON STI	ERN				
7 Social security tips		8 Allocated tips	9 Advance EIC payment	7 Social sec	curity tips		8 Allocated tips	9 Advan	ce EIC pay	yment
10 Dependent care ben	efits	11 Nonqualified plans	12a Code	10 Depender	nt care bene	efits	11 Nonqualified plans	12a Code	!	
13 Statutory employee	3 Statulory employee 14 Other		12b Code	13 Statutory employee 14 Other		r	12b Code			
Retirement plan			12c Code	Retirement plan			12c Code			
Third-party sick pay			12d Code	Third-party	sick pay			12d Code)	
FL		40000.00		FL			40000.00			
15 State Empir.'s state		16 State wages, tips, etc.	17 State income tax 20 Locality name	15 State Emp			16 State wages, tips, etc.		e income t	ax
18 Local wages, tips, e	tc.	19 Local income tax	20 Locality hame	18 Local wag	ges, tips, et	C.	19 Local income tax	20 Localit	ly name	
See Notice to Er a Control number 1 b Employer ID number 11-3332024 c Employer's name, add	1 Williams and a state of the s	ages, tips, other comp. 40000.00 cial security wages 40000.00 edicare wages and tips 40000.00 ad ZIP code SOCIATES, LTD. RN AWK DRIVE H FL. mber	2006 CMB No. 1545-0008 Federal income tax withheld 11880.00 Social security tax withheld 2480.00 Medicare tax withheld 580.00	b Employer I c Employer's WATCI C/O SI 6490 S WEST d Employee' 078-22- e Employee'	ocal Incomber 1 D number 3332024s name, add HTOWE HELDON PARRO PALM E s social sec	Target AS STEP WHAT A Courity nurther the couries and the	ages, tips, other comp. 40000.00 cial security wages 40000.00 edicare wages and tips 40000.00 di ZIP code SOCIATES, LTD. RN AWK DRIVE	2 Federal in 4 Social sec 5 Medicare	come tax y 11 curity tax w 2 tax withhel	1 <u>880.00</u> httheld 1480.00
7 Social security tips		8 Allocated tips	9 Advance EIC payment	7 Social seci	urity tips	_	8 Allocated tips	9 Advano	e EIC pay	ment
10 Dependent care ben	efits	11 Nonqualified plans	12a Code	10 Depender	nt care bene	efits	11 Nonqualified plans	12a Code	1	
13 Statutory employee	14 Othe	r	12b Code	13 Statutory er	nployee	14 Othe	Г	12b Code	·	
Retirement plan			12c Code	Retiremer	nt plan			12c Code	;	
Third-party sick pay			12d Code	Third-party:	sick pay			12d Code	;	
FL	1	40000.00		FL			40000.0	0		
15 State Empir.'s state		16 State wages, tips, etc.	17 State income tax	15 State Em			16 State wages, tips, etc.		e income t	ax
18 Local wages, tips, e	i¢.	19 Local income tax	20 Locality name	18 Local was	ges, tips, et	C.	19 Local income tax	20 Locali	ty name	
Form W-2 Wage and T This information is being for penalty/other sanction ma	ax State	ment DAA o the IRS. It you are required to file a	Dept. of the Treasury IRS	Form W-2 W	age and T	ax State	ment	Dept. o	of the Treas	sury IRS

Copy B To Be Filed With Employee's Federal Tax Return

a Control number

b Eraployer ID number

11-3332024

c Employer's name, address, and ZIP code

1 Wages, tips, other comp. • 40000.00

40000.00

40000.00

3 Social security wages

5 Medicare wages and tips

2006

2 Federal income tax withheld 11880.00

2480.00

580.00

4 Social security tax withheld

6 Medicare tax withheld

Child to Be filed With Employee's State, City, or Local Income Tax Return 2

a Control number

b Employer ID number

11-3332024

c Employer's name, address, and ZIP code

1 Wages, tips, other comp. 40000,00

40000.00

40000.00

3 Social security wages

5 Medicare wages and tips

OMB No.

1545-0008

2480.00

580.00

2006

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