

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90082 012 \*\*\*150.00

DOCUMENT # F05000004515

1. Entity Name

WATSON HOLDINGS, INC.



Principal Place of Business

301 HEFFERNAN DRIVE  
WEST HAVEN CT 06516

Mailing Address

301 HEFFERNAN DRIVE  
WEST HAVEN CT 06516



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-1405237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAYEWITZ, ALAN  
3500 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33308

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 CP  
NAME WATSON, JAMES ☐ Delete  
STREET ADDRESS 23 SCATTERGOOD ROAD  
CITY- ST- ZIP TRUMBULL CT 06611

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VPVC  
NAME WATSON, GAVIN ☐ Delete  
STREET ADDRESS 70 CRESCENT DRIVE  
CITY- ST- ZIP RIDGEFIELD CT 06877

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD  
NAME HOLLUMS, MOIRA ☐ Delete  
STREET ADDRESS 690 MULBERRY POINT ROAD  
CITY- ST- ZIP GUILFORD CT 06437

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE TD  
NAME WATSON, MARY ☐ Delete  
STREET ADDRESS 1018 CRIGLAS ROAD  
CITY- ST- ZIP WALES WI 53183

TITLE VICE-PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SECRETARY ☐ Change ☒ Addition  
NAME VINCENT KIERHAN  
STREET ADDRESS 90 PUNNINGSTATION RD.  
CITY- ST- ZIP RIDGEFIELD CT 06877

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

2/8/07