


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000003718		
1. Entity Name WATTS REGULATOR CO.		
Principal Place of Business 815 CHESTNUT ST. NORTH ANDOVER, MA 01845	Mailing Address 815 CHESTNUT ST. NORTH ANDOVER, MA 01845	



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2108284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCCARTNEY, WILLIAM 815 CHESTNUT ST NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTNEY, WILLIAM 815 CHESTNUT STREET NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAGUIRE, LEO 815 CHESTNUT ST. NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'KEEFE, PATRICK 815 CHESTNUT ST NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/05-80034-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **William C. McCartney** 1/26/05 978-688-1811