## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE:** 

## Mar 25, 2004 8:00 am **Secretary of State** DOCUMENT # F95000005648 1. Entity Name 03-25-2004 90021 002 \*\*\*150.00 STEVEN M. WATT COMPANY, INC. Principal Place of Business Mailing Address 23815 ADDISON PLACE COURT BONITA SPRINGS FL 34134 GULFSHORE HOMES 23815 ADDISON PL. CT BONITA SPRINGS FL 33923 44020849 ngipal Plage of Business 3. Mailing Address 8891 Brighton Lane Suite, Apt. #, etc. # /0/ MOORE CR2E034 (11/03) 4. FEI Number City & State Applied For 13-3026930 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAPLES LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable 4501 N. TAMIAMI TRAIL SUITE 300 NAPLES FL 34103 Zip Code 8. The above named entity submits pulpose 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, type ie if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Addition TITLE ☐ Delete NAME WATT, STEVEN M MAME 23815 ADDISON PLACE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP CVCD ☐ Addition TITLE! ☐ Delete TITLE WATT, STEVEN M NAME NAME 23815 ADDISON PLACE COURT STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED