


pg 10F2

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H55131 1. Entity Name WATSON-ELLIOTT LAND COMPANY	
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Principal Place of Business 494 SOCIETY RIDGE RD MADISON, MS 39110 US	Mailing Address 494 SOCIETY RIDGE RD MADISON, MS 39110 US
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DO NOT WRITE IN THIS SPACE

FILED
07 FEB -9 PM 12:21
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2618428	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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**
SEE Attached

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D ELLIOTT, JULIAN L JR. 601 CEDAR STREET TALLADEGA, AL 35160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WATSON, HENRI P JR. 494 SOCIETY RIDGE MADISON, MS 39110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200088499352
02/16/07--01006--004 **185.00

\$72/12

**DO NOT WRITE
IN THIS SPACE**

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: *H.P. Watson, Jr.* HENRI P. WATSON, JR. 2/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WATSON-ELLIOTT LAND COMPANY
2. The principal office address: 494 SOCIETY RIDGE ROAD, MADISON, MS 39110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/03/1985 Document number: H55131
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

T.A. BOROWSKI, JR.

25 W. CEDAR STREET, SUITE 304

(P.O. Box NOT acceptable)

PENSACOLA, FL 32502

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

H.P. Watson, Jr.
(Signature of an officer or director)

HENRI P. WATSON, JR.

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

12/19/06

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314