

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H55131

FILED
Jul 24, 2008
Secretary of State

Entity Name: WATSON-ELLIOTT LAND COMPANY

Current Principal Place of Business:

494 SOCIETY RIDGE RD
MADISON, MS 39110 US

New Principal Place of Business:

618 MAGNOLIA STREET
MADISON, MS 39110 US

Current Mailing Address:

494 SOCIETY RIDGE RD
MADISON, MS 39110 US

New Mailing Address:

PO BOX 1550
MADISON, MS 39130 US

FEI Number: 59-2618428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOROWSKI, T A JR.
25 W. CEDAR STREET
SUITE 304
PLANTATION, FL 32502 US

Name and Address of New Registered Agent:

BOROWSKI, T A JR.
25 W. CEDAR STREET
SUITE 304
PENSACOLA, FL 32502 US

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.

SIGNATURE:

07/24/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELLIOTT, JULIAN L JR.
Address: 601 CEDAR STREET
City-St-Zip: TALLADEGA, AL 35160

Title: DPS () Delete
Name: WATSON, HENRI P JR.
Address: 494 SOCIETY RIDGE
City-St-Zip: MADISON, MS 39110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change () Addition
Name: WATSON, PAUL
Address: PO BOX 1550
City-St-Zip: MADISON, MS 39130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WATSON

DPS

07/24/2008

Electronic Signature of Signing Officer or Director

Date