2004 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jan 20, 2004 08:00 AM **Secretary of State DOCUMENT # J09175** 1. Entity Name ROBERT J. WATSON, P.A. Mailing Address Principal Place of Business 3601 SE OCEAN BLVD 3601 SW OCEAN BLVD SUITE 4 SUITE 4 SEWALL'S POINT, FL 34996 US SEWALL'S POINT, FL 34996 CR2E034 (10/03) No Chg-P 01142004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicate 59-2667091 \$8.75 Additional 5. Certificate of Status Desired and to promount of mild or the tree like the second Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE WATSON, ROBERT J. 3601 SE OCEAN BLVD IN THIS SPACE SUITE 4 SEWALL'S POINT, FL 34996 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 Squarure, typed or printed name of registered agent and tiny & applicable. DATE (NOTE: Registered Agent signature required when rensisting) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Foos 10. OFFICERS AND DIRECTORS DP TiTL F WATSON, ROBERT J. MAME STREET ADDRESS 3601 S E OCEAN BLVD #4 STUART, FL CITY-ST-7/P Hillis NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZE TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 suspense and 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: _

NAME STREET ADDRESS CHY-SI-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR