



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J15315</b> 1. Entity Name <b>COTTLE AND WATKINS, INC.</b>	
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Principal Place of Business P.O. BOX 47185 ST. PETERSBURG, FL 33743	Mailing Address P.O. BOX 47185 ST. PETERSBURG, FL 33743
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**DO NOT WRITE IN THIS SPACE**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2679041</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, JOHN D  
5653 BAY PINES LAKES BLVD  
ST. PETERSBURG, FL 33708

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS COTTLE, JOSEPH E. 1901 59TH STREET SO. GULFPORT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT WATKINS, JOHN D. 5653 BAY PINES LKS BLVD ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATKINS, MARY L. 5653 BAY PINES LKS BLVD ST PETERSBURG, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/22/04-80011-011 150.00

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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.

**SIGNATURE:** John D. Watkins **JOHN D. WATKINS** 3-19-04 727-398-5117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #