


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J15315 1. Entity Name COTTLE AND WATKINS, INC.	
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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



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2679041	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000183445
01/19/05-80069-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 1-14-05 727-398-5717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #