


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90028 042 ***150.00

DOCUMENT # J22542 1. Entity Name WATKINS UNLIMITED, INC.					
Principal Place of Business 33 ZAMORA ST. ST. AUGUSTINE, FL 32095 US			Mailing Address 33 ZAMORA ST. ST. AUGUSTINE, FL 32095 US		
2. Principal Place of Business 9 ZAMORA STREET Suite, Apt. #, etc.		3. Mailing Address 9 ZAMORA ST. Suite, Apt. #, etc.			
City & State ST. AUGUSTINE Zip 32084		City & State ST. AUGUSTINE Zip 32084		4. FEI Number 19-5369543	
Country ST. JOHNS		Country ST. JOHNS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATKINS, PATRICIA 33 ZAMORA ST. ST. AUGUSTINE, FL 32095			7. Name and Address of New Registered Agent Name WATKINS, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 9 ZAMORA STREET City ST. AUGUSTINE FL Zip Code 32084		
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 PATRICIA WATKINS <i>Patricia Watkins</i> 3-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WATKINS, DAVID H. 33 ZAMORA ST. ST. AUGUSTINE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATKINS, PATRICIA P. 33 ZAMORA ST. ST. AUGUSTINE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <i>David Watkins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/26/04 <small>Date</small>		(904) 5669646 <small>Daytime Phone #</small>