


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J90033**  
1. Entity Name  
**THE WATAUGA COMPANY**



Principal Place of Business      Mailing Address  
**4275 CAPRON ROAD**      **4275 CAPRON ROAD**  
**TITUSVILLE, FL 32780 US**      **TITUSVILLE, FL 32780 US**

**DO NOT WRITE IN THIS SPACE**



01032006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2857836**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SNODGRASS, LYNN ALVIN**  
**645 LAKEWOOD LANE**  
**TITUSVILLE, FL 32780**

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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 title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SNODGRASS, ELIZABETH A.
STREET ADDRESS	645 LAKEWOOD LANE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	VD
NAME	SNODGRASS, JASON L.
STREET ADDRESS	4613 HELENA DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	STD
NAME	SNODGRASS, LYNN ALVIN
STREET ADDRESS	645 LAKEWOOD LANE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/06-80031-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lynn A. Snodgrass      Lynn A. Snodgrass      1/17/06      321/267-5785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #