

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90033

Entity Name: THE WATAUGA COMPANY

FILED  
Jun 19, 2009  
Secretary of State

**Current Principal Place of Business:**

4275 CAPRON ROAD  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

4275 CAPRON ROAD  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

FEI Number: 59-2857836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SNODGRASS, LYNN ALVIN  
645 LAKEWOOD LANE  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SNODGRASS, ELIZABETH A.  
Address: 645 LAKEWOOD LANE  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD ( ) Delete  
Name: SNODGRASS, JASON L.  
Address: 4613 HELENA DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: STD ( ) Delete  
Name: SNODGRASS, LYNN ALVIN  
Address: 645 LAKEWOOD LANE  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. SNODGRASS

PRES

06/19/2009

Electronic Signature of Signing Officer or Director

Date