

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90033

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE WATAUGA COMPANY

**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH A. SNODGRASS

PD

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date