

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68513

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: S. P. WATSON GOLF COMPANY

## Current Principal Place of Business:

C/O STEPHEN P. WATSON  
11671 SE PLANDOME DR.  
HOBE SOUND, FL 33455

## New Principal Place of Business:

C/O STEPHEN P. WATSON  
1891 SW HUNTERS CLUB WAY  
PALM CITY, FL 34990

## Current Mailing Address:

C/O STEPHEN P. WATSON  
11671 SE PLANDOME DR.  
HOBE SOUND, FL 33455

## New Mailing Address:

C/O STEPHEN P. WATSON  
1891 SW HUNTERS CLUB WAY  
PALM CITY, FL 34990

FEI Number: 65-0107832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, STEPHEN P.  
11671 SE PLANDOME DR.  
HOBE SOUND, FL 33455

## Name and Address of New Registered Agent:

WATSON, STEPHEN P.  
1891 SW HUNTERS CLUB WAY  
PALM CITY, FL 34990

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: \_\_\_\_\_

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WATSON, STEPHEN P.,  
Address: 1891 SW HUNTER'S CLUB WY  
City-St-Zip: PALM CITY, FL

Title: DST ( ) Delete  
Name: WATSON, CAROLE M.,  
Address: 1891 SW HUNTER'S CLUB WY  
City-St-Zip: PALM CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: STEPHEN P WATSON

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date