2005 F PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 08:00 AM Secretary of State **DOCUMENT # K71178** 1. Entity Name R. D. WATKINS CO., INC. Principal Place of Business Mailing Address 1671 ST. CLAIR AVENUE 1671 ST. CLAIR AVENUE NORTH FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33903 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0107119 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent WATKINS, ROGER D. DO NOT WRITE 1671 ST. CLAIR AVENUE NORTH FORT MYERS, FL. 33903 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME WATKINS, ROGER D. STREET ADDRESS 1671 ST. CLAIR AVE. U00000232059 CITY-ST-ZIP NO. FT. MYERS, FL 04/07/05-80055-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filting 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.

ROGER D. WATKINS/Pasided 3/28/05 MNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP