

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007491

FILED
Apr 20, 2008
Secretary of State

Entity Name: WATSON CONTRACTING,LLC

Current Principal Place of Business:

304 HAPPY HOLLOW ROAD
FREEPORT, FL 32439

New Principal Place of Business:

304 HAPPY HOLLOW
FREEPORT, FL 32439

Current Mailing Address:

304 HAPPY HOLLOW ROAD
FREEPORT, FL 32439

New Mailing Address:

304 HAPPY HOLLOW
FREEPORT, FL 32439

FEI Number: 20-0713799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, BRIAN L
304 HAPPY HOLLOW ROAD
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

WATSON, BRIAN L
304 HAPPY HOLLOW
FREEPORT, FL 32439 US

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: BRIAN L WATSON

04/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATSON, BRIAN L
Address: 304 HAPPY HOLLOW ROAD
City-St-Zip: FREEPORT, FL 32439

Title: MGR () Delete
Name: WATSON, CHRISTINE J
Address: 304 HAPPY HOLLOW RD
City-St-Zip: FREEPORT, FL 32439 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATSON, BRIAN L
Address: 304 HAPPY HOLLOW
City-St-Zip: FREEPORT, FL 32439

Title: MGR (X) Change () Addition
Name: WATSON, CHRISTINE J
Address: 304 HAPPY HOLLOW
City-St-Zip: FREEPORT, FL 32439 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN L WATSON

MGRM

04/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date