

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010561

FILED
Feb 10, 2009
Secretary of State

Entity Name: WATSON CONSTRUCTION CO. LLC

Current Principal Place of Business:

C/O CALVIN WATSON
3100 PARKRIDGE DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

C/O CALVIN WATSON
3100 PARKRIDGE DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-0756739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, CALVIN
3100 PARKRIDGE DRIVE
TALLAHASSEE, FL 32303 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATSON, CALVIN
Address: 3100 PARK RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM () Delete
Name: KNIGHT, CLIFFORD
Address: 212 NORTH LOWE STREET
City-St-Zip: QUINCY, FL

Title: MGRM () Delete
Name: SHERVIS, CHARLE
Address: 61 CHINA HILL CHURCH RD
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: ANDERSON, CHARLES JR.
Address: 923 ST. MAIN ST.
City-St-Zip: HAVANA, FL 32333

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: CHARLES ANDERSON JR.

MGRM

02/10/2009

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