

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032448

FILED
Apr 13, 2009
Secretary of State

Entity Name: WATSON & HAGEN DEVELOPMENT, LLC

Current Principal Place of Business:

5137 MOUNT PLYMOUTH RD.
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1105
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 20-1056914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, HORACE B JR.
5137 MOUNT PLYMOUTH RD
APOPKA, FL 32712 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: MGR () Delete
Name: WATSON, HORACE B JR.
Address: P.O. BOX 1105
City-St-Zip: APOPKA, FL 32704 US

Title: MGR () Delete
Name: WATSON, GLEN M
Address: 1781 PARK GLEN CIRCLE
City-St-Zip: APOPKA, FL 32712 US

Title: MGR () Delete
Name: WATSON, HORACE L
Address: 724 SHADY LANE DRIVE
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES:

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

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 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: H B WATSON

PRES

04/13/2009

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