2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 05, 2004 8:00 am Secretary of State 03-05-2004 90015 007 ***150.00 nnnaa aaam **L85201** 1. Entity Name WATCH STOP, INC. Mailing Address Principal Place of Business 5077 FORSYTHIA STREET 5077 FORSYTHIA STREET DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 City & State City & State 4. FEI Number Applied For 65-0202276 Not Applicable Country Country Zio Zip \$8.75 acamaaaa 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBERG, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 5077 FORSYTHIA ST. DELRAY BCH., FL 33484 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 a camaa FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Change ■ Addition TITLE ROSENBERG, STEPHEN NAME NAME STREET ADDRESS 5077 FORSYTHIA ST STREET ADDRESS CITY-ST-ZIP DELRAY BCH., FL CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME -MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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. STEVEROSENAER G SIGNATURE: SIGNATURE AND TYPED OR PRINTED N Daytime Phone (

FILED