


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90040 030 ***150.00

DOCUMENT # <i>M 66958</i>	
1. Entity Name <i>WATKINS Properties, INC</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Home</i>		3. Mailing Address <i>541 KINGFISH RD</i>	
Suite, Apt. #, etc. <i>541 KINGFISH ROAD</i>		Suite, Apt. #, etc.	
City & State <i>NORTH PALM BEACH, FL</i>		City & State <i>NORTH PALM BEACH, FL</i>	
Zip <i>33408</i>	Country <i>USA</i>	Zip <i>33408</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

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			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CHARLES N. WATKINS PRESIDENT OF CORP 541 KINGFISH ROAD NORTH PALM BEACH, FL 33408</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles N. Watkins* *4-17-04* (561) *882-0740*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)