


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90310 043 ***150.00

| | |
|--|---|
| DOCUMENT # M78951 |  |
| 1. Entity Name WATTSOUND, INCORPORATED | |

| | |
|--|--|
| Principal Place of Business % THOMAS W. WATTS 411 EAST 23RD STREET PANAMA CITY, FL 32405 | Mailing Address % THOMAS W. WATTS 411 EAST 23RD STREET PANAMA CITY, FL 32405 |
|--|--|

50036908



| | |
|---|---|
| 2. Principal Place of Business 2347 St. Andrews Blvd. | 3. Mailing Address 2347 St. Andrews Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01182005 Chg-P CR2E034 (10/03)

| | |
|--|--|
| City & State Panama City, FL | City & State Panama City, FL |
| Zip 32405 | Zip 32405 |
| Country USA | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2884530 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent WATTS, THOMAS W. 411 EAST 23RD STREET PANAMA CITY, FL 32405 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2347 St. Andrews Blvd. City Panama City FL Zip Code 32405 |
|---|--|

| | |
|---|---------------------|
| 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] | DATE 4-18-05 |
| Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| | | | |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WATTS, THOMAS 3912 PRINCESS LANE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WATTS, JAMES M. 411 EAST 23RD STREET PANAMA CITY, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
|---|---------------------|
| 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. | |
| SIGNATURE: [Signature] | DATE 4-18-05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |