

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90021 019 ***150.00

DOCUMENT # P00000053140

1. Entity Name
WATTS CONSTRUCTION INCORPORATED



Principal Place of Business
**2300 29TH STREET, N.W.
WINTER HAVEN, FL 33881**

Mailing Address
**2300 29TH STREET, N.W.
WINTER HAVEN, FL 33881**

2. Principal Place of Business - No P.O. Box #
123 LaSalle Dr W
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



01082007 Chg-P CR2E034 (12/06)

City & State
Haines City FL
Zip Country
33844-5804 Polk

City & State
Zip Country

4. FEI Number
59-3698734 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMONS, CAROL D
2300 29TH STREET, N.W.
WINTER HAVEN, FL 33881**

7. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **WATTS, NICOLE L**
STREET ADDRESS **3500 ROE RD.**
CITY - ST - ZIP **HAINES CITY, FL 33844**

TITLE TD ☐ Delete
NAME **WATTS, WILLIAM I**
STREET ADDRESS **3500 ROE RD.**
CITY - ST - ZIP **HAINES CITY, FL 33844**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **123 LaSalle Dr W**
CITY - ST - ZIP **Haines City FL 33844-5804**

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CITY - ST - ZIP **Haines City FL 33844-5804**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Nicole L Watts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 *8634121039*
Date Daytime Phone #