


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000053140</b> 1. Entity Name <b>WATTS CONSTRUCTION INCORPORATED</b>	
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Principal Place of Business <b>123 LASALLE DR W HAINES CITY, FL 33844</b>	Mailing Address <b>2300 29TH STREET, N.W. WINTER HAVEN, FL 33881</b>
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**DO NOT WRITE IN THIS SPACE**



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3698734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LAMONS, CAROL D 2300 29TH STREET, N.W. WINTER HAVEN, FL 33881</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000923222</b> <b>05/16/08-80021-023 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, NICOLE L 123 LASALLE DR W HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATTS, WILLIAM I 123 LASALLE DR W HAINES CITY, FL 33844
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**DO NOT WRITE  
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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, changed, or on an attachment with an address, with all other life empowered.

<b>SIGNATURE: x</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b> <b>4/24/08</b>	<b>Daytime Phone #</b> <b>412-1039</b>
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