


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 039 ***150.00

DOCUMENT # P01000036364

1. Entity Name
BRIAN WATKINS ENTERPRISES, INC.



Principal Place of Business Mailing Address
 8061 N. SR 53 8061 N. SR 53
 MADISON FL 32340 MADISON FL 32340



2. Principal Place of Business - No P.O. Box #
1597 N.E. Cherry Lake Cir.

3. Mailing Address
P.O. Box 8

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State
Madison, FL. **Pinetta, FL**

Zip Country Zip Country
32340 **USA** **~~3234~~ 32350** **USA**

4. FEI Number 31-1766226 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WATKINS, BRIAN K
8061 N. SR 53
MADISON FL 32340

7. Name and Address of New Registered Agent

Name **Brian K. Watkins**

Street Address (P.O. Box Number is Not Acceptable)

1597 N.E. Cherry Lake Cir.

City **Madison** FL Zip Code **32340**

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 Brian K. Watkins 1-19-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WATKINS, BRIAN K	
STREET ADDRESS	8061 N. SR 53	
CITY - ST - ZIP	MADISON FL 32340	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WATKINS, ALISON K	
STREET ADDRESS	8061 N. SR 53	
CITY - ST - ZIP	MADISON FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Brian K.	
STREET ADDRESS	1597 N.E. Cherry Lake Cir.	
CITY - ST - ZIP	Madison, FL. 32340	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Alison K.	
STREET ADDRESS	1597 N.E. Cherry Lake Cir.	
CITY - ST - ZIP	Madison, FL 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Brian K. Watkins Brian K. Watkins 1-19-07 850-673-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #