

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000068306

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** WATTS FUNERAL HOME AND CREMATION CENTER, INC.

**Current Principal Place of Business:**

720 HIGHWAY 17 SOUTH  
SAN MATEO, FL 32187

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 939  
SAN MATEO, FL 32187

**New Mailing Address:**

**FEI Number:** 59-3740227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEYSER, TIMOTHY  
KEYSER & WOODWARD, P.A.  
501 ATLANTIC AVENUE  
INTERLACHEN, FL 32148 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WATTS, MARGARET M  
**Address:** 148 RIVERSHORE DR.  
**City-St-Zip:** SAN MATEO, FL 32187

**Title:** VP  
**Name:** WATTS, JAMIE D  
**Address:** 500 5TH AVE  
**City-St-Zip:** WELAKA, FL 32193

**Title:** S  
**Name:** WATTS, JESSICA A  
**Address:** 500 5TH AVE  
**City-St-Zip:** WELAKA, FL 32193

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JESSICA WATTS

MRS.

01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date