

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000092824

1. Entity Name

S. WATSON CONSTRUCTION, INC.



Principal Place of Business

**2100 AVENUE A, #22-C
FLAGLER BEACH FL 32136**

Mailing Address

**PO BOX 727
FLAGLER BEACH FL 32136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-2156660

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAYER, DENNIS K
306 S OCEANSHORE BLVD
FLAGLER BEACH FL 32136**

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WATSON, STEPHEN F**
STREET ADDRESS **2100 AVENUE A, #22-C**
CITY - ST - ZIP **FLAGLER BEACH FL 32136**

TITLE ☐ Change ☐ Addition
NAME **UN00000199879**
STREET ADDRESS **01/28/05-80001-014 158.75**
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN F. WATSON

1/24/05

Date

(386) 439-4111

Daytime Phone #