


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90107 028 \*\*\*150.00

<b>DOCUMENT # P01000109174</b>					
1. Entity Name <b>WATCO SERVICES, INC.</b>					
Principal Place of Business <b>2637 FEROL LANE LYNN HAVEN, FL 32444</b>			Mailing Address <b>2637 FEROL LANE LYNN HAVEN, FL 32444</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04092006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>59-3535445</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				7. Name and Address of New Registered Agent	
<b>H. JOE WATSON 2637 FEROL LANE LYNN HAVEN, FL 32444</b>				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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, H. JOE		NAME		
STREET ADDRESS	2637 FEROL LANE		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	S,D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, SANDRA F		NAME		
STREET ADDRESS	2637 FEROL LANE		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	V,D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, MATTHEW M		NAME		
STREET ADDRESS	<del>806 ALABAMA AVENUE</del>		STREET ADDRESS	5407 Mymore Road	
CITY-ST-ZIP	<del>LYNN HAVEN, FL 32444</del>		CITY-ST-ZIP	Panama City, FL 32404	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>H. Joe Watson</i>			H. JOE WATSON    4/9/06    850-265-8232		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		