


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90043 037 ***150.00

DOCUMENT # P01000119729					
1. Entity Name AMERICAN WATCH AND ACCESSORIES CO.					
Principal Place of Business 1343 OAKFIELD DRIVE BRANDON, FL 33511		Mailing Address 1343 OAKFIELD DRIVE BRANDON, FL 33511			
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 60-0001343	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARDNER, JOHN W 721 EAST ROBERTSON STREET BRANDON, FL 33511			Name <u>John W. Gardner</u> Street Address (P.O. Box Number is Not Acceptable) <u>221 East Robertson Street</u> City <u>Brandon</u> FL Zip Code <u>33511</u>		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OERTEL, MICHAEL	NAME	Michael Oertel		
STREET ADDRESS	4512 PRESTON WOODS DR	STREET ADDRESS	9038 Pinebreeze Drive		
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	Riverview, FL 33569		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDFARB, LANA	NAME	Lana Goldfarb		
STREET ADDRESS	4512 PRESTON WOODS DR	STREET ADDRESS	9038 Pinebreeze Drive		
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	Riverview, FL 33569		
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		
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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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 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: <u>Michael P. Oertel</u>		Date: <u>2-8-05</u>		Daytime Phone #: <u>(813) 643-3511</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<u>MICHAEL P. OERTEL</u>					

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