

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000000941

1. Entity Name
WATSON & COMPANY GOVERNMENT RELATIONS, INC.



Principal Place of Business
**9917 MARGATE HILLS RD.
JACKSONVILLE, FL 32256**

Mailing Address
**9917 MARGATE HILLS RD.
JACKSONVILLE, FL 32256**

FILED
08 SEP 26 PM 12:09

**CLERK OF STATE
TALLAHASSEE, FLORIDA**



09252008 No Chg-P CR2E034 (11/05)

4. FEI Number
26-0002582

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WATSON, HUBERT W
9917 MARGATE HILLS RD.
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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

800136465108

09/30/08--01009--011 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
WATSON, HUBERT W
9917 MARGATE HILLS RD.
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATSON, WILLIAMS
1966 PLANTATION BLVD.
CLEARWATER, FL 33760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATSON, LOUISE
11620 PARK BLVD., B-103
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Hubert W. Watson
Hubert W. Watson

9/25/08 904 363 1738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25
10