

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02006027425**

1. Entity Name  
**WATSON'S RIVER RUN MARINA, INC.**



Principal Place of Business

**6876 QUINN STREET  
MILTON, FL 32570**

Mailing Address

**POST OFFICE BOX 30128  
PENSACOLA, FL 32503**



06012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0622264**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WATSON, JOANN  
3059 LARKHALL PLACE  
MILTON, FL 32583**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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	PD
NAME	WATSON, JOHN
STREET ADDRESS	6876 QUINN STREET
CITY-ST-ZIP	MILTON, FL 32571
TITLE	VSTD
NAME	WATSON, JOANN
STREET ADDRESS	6876 QUINN STREET
CITY-ST-ZIP	MILTON, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000766428  
06/19/07-80003-009 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #