

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90020 048 ***150.00

DOCUMENT # P02000066733

1. Entity Name
T.D. WATSON, INC.



Principal Place of Business
**1005 FAULKNER STREET
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**1005 FAULKNER STREET
NEW SMYRNA BEACH, FL 32168**

24003858



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

74-3047552

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, TODD D
1005 FAULKNER STREET
NEW SMYRNA BEACH, FL 32168**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution ☐

☐ 0.0000

☐ 0.0000

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D WATSON, TODD D** ☐ Delete
STREET ADDRESS **1005 FAULKNER STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #