

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095589

FILED
Apr 29, 2004
Secretary of State

Entity Name: NEAL WATSON PRODUCTIONS, INC.

Current Principal Place of Business:

1543 S/W 24TH STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1543 S/W 24TH STREET
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 22-3868524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, NEAL
1543 S/W 24TH STREET
FORT LAUDERDALE, FL 33315

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WATSON, NEAL
Address: 1543 SW 24TH ST
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: DV () Delete
Name: WATSON, CARL
Address: 214 SW 10TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: DS () Delete
Name: WATSON, DESRA
Address: 1111 SW 129 WAY
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: WATSON, CARL
Address: 1606 PASADENA AVE
City-St-Zip: SEBRING, FL 33870

Title: DS (X) Change () Addition
Name: WATSON, DEBRA
Address: 1111 SW 129 WAY
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL WATSON

DPT

04/29/2004

Electronic Signature of Signing Officer or Director

Date