


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90050 005 ***150.00

DOCUMENT # P02000103820	
1. Entity Name JAMES T. WATTS JR., P.A.	

Principal Place of Business 7512 PARKSIDE LANE MARGATE, FL 33063	Mailing Address 7512 PARKSIDE LANE MARGATE, FL 33063
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2. Principal Place of Business 9846 SE Osprey Pt DR	3. Mailing Address 9846 SE Osprey Pt DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

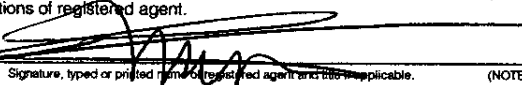
City & State Hobe Sound FL	City & State Hobe Sound FL
Zip 33455	Zip 33455
Country USA	Country USA



01112004 Chg-P CR2E034 (10/03)

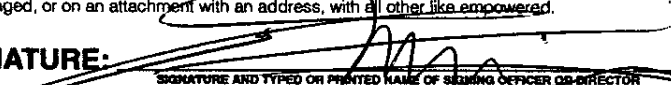
8. Name and Address of Current Registered Agent WATTS, JAMES T. JR. 7512 PARKSIDE LANE MARGATE, FL 33063	
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4. FEI Number 55-0799248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name James T. Watts Jr Street Address (P.O. Box Number is Not Acceptable) 9846 SE Osprey Pt. DR City Hobe Sound FL Zip 33455	

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 	DATE 1/15/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATTS, JAMES T JR. 7512 PARKSIDE LANE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Watts James T JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9846 SE Osprey Pt DR Hobe Sound FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WATTS, LINDA S 7512 PARKSIDE LANE MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Watts Linda S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9846 SE Osprey Pt DR Hobe Sound FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date _____ Daytime Phone # _____