

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120123

Entity Name: WATSON MANUFACTURING, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

1408-B STATE HWY 83
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

PO BOX 554
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 36-4512886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, LYNDEN C
125 JEFFERSON LANE
DEFUNIAK SPRINGS, FL 32433 US

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: D () Delete
Name: COX, WARREN P
Address: 54 JEFFERSON LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: COX, LYNDEN C
Address: 125 JEFFERSON LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LYNDEN COX

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date