


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

01-23-2004 90026 041 \*\*\*150.00

**DOCUMENT # P03000031451**

1. Entity Name  
**E.M. WATKINS COMPANY**



Principal Place of Business  
**8311 FRESHWATER FARMS RD  
 TALLAHASSEE, FL 32309**

Mailing Address  
**8311 FRESHWATER FARMS RD  
 TALLAHASSEE, FL 32309**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**WATKINS, ERNEST M JR  
 8311 FRESHWATER FARMS RD  
 TALLAHASSEE, FL 32309**

4. FEI Number  
**16-1657916**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST WATKINS, ERNEST M JR 8311 FRESHWATER FARMS RD TALLAHASSEE, FL 32309</b>	<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	<b>V WATKINS, KATHERINE C 8311 FRESHWATER FARMS RD TALLAHASSEE, FL 32309</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Ernest M. Watkins Jr* **ERNEST M. WATKINS JR** 1/22/04 (850) 893-9394  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #