

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050257

FILED  
Aug 30, 2004  
Secretary of State

Entity Name: HOWARD L. WATSON, INC.

## Current Principal Place of Business:

5000 79TH AVE. NW, APT. 203  
MIAMI, FL 33166

## New Principal Place of Business:

9431 LAKE MARION CREEK RD  
HAINES CITY, FL 33844

## Current Mailing Address:

5000 79TH AVE. NW, APT. 203  
MIAMI, FL 33166

## New Mailing Address:

PO BOX 2506  
DAVENPORT, FL 33836

FEI Number: 65-1184125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, HOWARD  
5000 79TH AVE. NW, APT. 203  
MIAMI, FL 33166

## Name and Address of New Registered Agent:

WATSON, HOWARD L  
9431 LAKE MARION CREEK RD  
HAINES CITY, FL 33844

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: HOWARD L WATSON

08/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR ( ) Change (X) Addition  
Name: WATSON, HOWARD L C/P/S/D  
Address: 9431 LAKE MARION CREEK RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: MRS ( ) Change (X) Addition  
Name: WATSON, HOWARD L V/T/D  
Address: 9431 LAKE MARION CREEK RD.  
City-St-Zip: HAINES CITY, FL 33844

Title: MS ( ) Change (X) Addition  
Name: ESPOSITO, CHERYL D D  
Address: 555 CURRITUCK LANE  
City-St-Zip: CHESAPEAKE, VA 23322

Title: MR ( ) Change (X) Addition  
Name: WATSON, GUERY D D  
Address: PO BOX 1088  
City-St-Zip: MONTICELLO, FL 32345

Title: MR ( ) Change (X) Addition  
Name: WATSON, BRIAN S D  
Address: 120 GALLIMORE DRIVE  
City-St-Zip: FREDERICKSBURG, VA 22407

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: HOWARD L WATSON

C

08/30/2004

Electronic Signature of Signing Officer or Director

Date