

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050257

Entity Name: HOWARD L. WATSON, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

9431 LAKE MARION CREEK RD
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 2506
DAVENPORT, FL 33836

New Mailing Address:

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

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

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

Title: MR () Delete
Name: WATSON, GUEY D D
Address: PO BOX 1088
City-St-Zip: MONTICELLO, FL 32345

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRIAN S WATSON

MR

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date