2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State
04-07-2004 90046 038 ***158.75

DOCUMENT # P03000064261

1. Entity Name
NORMAN WATSON, INC.

Principal Place of Business	Mailing Address
~~11050 N.W. 36TH. STREET~~ ~~CORAL SPRINGS FL 33065-2783~~	11050 N.W. 36TH. STREET CORAL SPRINGS FL 33065-2783

66422157

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1791 Blont Rd.	
Suite, Apt. #, etc. 803	Suite, Apt. #, etc.
City & State Pampano Bch. Florida.	City & State
Zip 33069 Country USA.	Zip Country

4. FEI Number 56-2375123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ALLISON, CARL G~~
~~1630 N.W. 11TH PLACE~~
~~FORT LAUDERDALE FL 33311~~

7. Name and Address of New Registered Agent

Name NORMAN WATSON
Street Address (P.O. Box Number is Not Acceptable) 11050 NW 36 ST
City Coral Springs FL Zip Code 33065

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	☐ Delete	TITLE PRESIDENT + DIRECTOR / NAME NORMAN WATSON / STREET ADDRESS 11050 NW 36 ST / CITY-ST-ZIP Coral Springs 33065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: N Wat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #