

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000087444
 1. Entity Name
WATSON ALTERNATIVE HEALTH & WEIGHT LOSS CENTER, INC.



Principal Place of Business Mailing Address
5536 STEWART STREET **5536 STEWART STREET**
MILTON, FL 32570 US **MILTON, FL 32570 US**

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0605910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDREWS, ROY V
5218 WILLING STREET
MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COOK, SHAWN W
STREET ADDRESS	5536 STEWART ST
CITY - ST - ZIP	MILTON, FL 32570
TITLE	S/T
NAME	COOK, SHAWN W
STREET ADDRESS	5536 STEWART ST
CITY - ST - ZIP	MILTON, FL 32570
TITLE	DIR
NAME	ELLIOTT, JOHN D
STREET ADDRESS	5235 WILLING ST
CITY - ST - ZIP	MILTON, FL 32570
TITLE	DIR
NAME	COOK, SHAWN W
STREET ADDRESS	5536 STEWART STREET
CITY - ST - ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 05/09/05-80011-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: Shawn Cook Shawn Cook 4-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #