

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130760

Entity Name: WATSON'S SERVICES INC

FILED  
Jan 17, 2006  
Secretary of State

## Current Principal Place of Business:

7326 SPENCER PARRISH RD  
PARRISH, FL 34219 US

## New Principal Place of Business:

4651 WINGATE ROAD  
MYAKKA CITY, FL 34251 US

## Current Mailing Address:

7326 SPENCER PARRISH RD  
PARRISH, FL 34219 US

## New Mailing Address:

4651 WINGATE ROAD  
MYAKKA CITY, FL 34251 US

FEI Number: 20-0387580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, JASON  
7326 SPENCER PARRISH RD  
PARRISH, FL 34219 US

## Name and Address of New Registered Agent:

WATSON, JASON  
4651 WINGAT ROAD  
MYAKKA CITY, FL 34251 US

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: JASON WATSON

01/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete  
Name: WATSON, JASON  
Address: 7326 SPENCER PARRISH RD  
City-St-Zip: PARRISH, FL 34219 US

Title: VP,T ( ) Delete  
Name: WATSON, JAMIE  
Address: 7326 SPENCER PARRISH RD  
City-St-Zip: PARRISH, FL 34219 US

Title: O ( ) Delete  
Name: COBB, CLAYTON  
Address: 7326 SPENCER PARRISH RD  
City-St-Zip: PARRISH, FL 34219

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition  
Name: WATSON, JASON  
Address: 4651 WINGATE ROAD  
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: VP,T (X) Change ( ) Addition  
Name: WATSON, JAMIE  
Address: 4651 WINGATE ROAD  
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: O (X) Change ( ) Addition  
Name: COBB, CLAYTON  
Address: 2807 51 ST WEST  
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JASON WATSON

PRES

01/17/2006

Electronic Signature of Signing Officer or Director

Date