

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90121 011 ***150.00

DOCUMENT # P03000132132

1. Entity Name

FRANK WATKINS INC



Principal Place of Business

4907 LIBERTY STREET
TAMPA FL 33617
US

Mailing Address

4907 LIBERTY STREET
TAMPA FL 33617
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0393286

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, FRANK
4907 LIBERTY STREET
TAMPA FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005 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

TITLE PS ☐ Delete
NAME WATKINS, FRANK
STREET ADDRESS 4907 LIBERTY STREET
CITY-ST-ZIP TAMPA FL 33617

TITLE VPTD ☐ Delete
NAME MARSHALL, LISA
STREET ADDRESS 4907 LIBERTY STREET
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

FRANK WATKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-
4-12-05 382-0925

40080940

ATTACHMENT # P03000132132

Form **941**

(Rev. January 2004)
Department of the Treasury
Internal Revenue Service (99)

Employer's Quarterly Federal Tax Return

▶ See separate instructions revised January 2004 for information on completing this return.
VA 20-0393286 Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right ▶ (see page 2 of separate instructions).

*****AUTO**5-DIGIT 33617
JUN2004 S29 19940/466 CT
FRANK WATKINS INC
4907 E LIBERTY AVE
TAMPA FL 33617-2021

OMB No. 1545-0029

T
FF
FD
FP
I
T



If address is different from prior return, check here ▶ <input type="checkbox"/>	IRS Use	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	3	4	4	4	5	5	5		
		6	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10

A If you do not have to file returns in the future, check here ▶ ☐ and enter date final wages paid ▶

B If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ▶ ☐

1	Number of employees in the pay period that includes March 12th ▶	1	0
2	Total wages and tips, plus other compensation (see separate instructions)	2	0 00
3	Total income tax withheld from wages, tips, and sick pay	3	0 00
4	Adjustment of withheld income tax for preceding quarters of this calendar year	4	
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4)	5	0 00
6	Taxable social security wages	6a	0 00
	Taxable social security tips	6c	
7	Taxable Medicare wages and tips	7a	0 00
		7b	0 00
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax ▶ <input type="checkbox"/>	8	
9	Adjustment of social security and Medicare taxes (see instructions for required explanation)	9	
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9)	10	
11	Total taxes (add lines 5 and 10)	11	
12	Advance earned income credit (EIC) payments made to employees (see instructions)	12	
13	Net taxes (subtract line 12 from line 11). If \$2,500 or more, this must equal line 17, column (d) below (or line D of Schedule B (Form 941))	13	
14	Total deposits for quarter, including overpayment applied from a prior quarter	14	
15	Balance due (subtract line 14 from line 13). See instructions	15	0 00
16	Overpayment. If line 14 is more than line 13, enter excess here ▶ \$		

and check if to be: ☐ Applied to next return or ☐ Refunded.

- **All filers:** If line 13 is less than \$2,500, do not complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete Schedule B (Form 941) and check here ▶ ☐
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here. ▶ ☐

17 Monthly Summary of Federal Tax Liability. (Complete Schedule B (Form 941) instead, if you were a semiweekly schedule depositor.)			
(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see separate instructions)? ☐ Yes. Complete the following. ☐ No

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ *Frank Watkins* Print Your Name and Title ▶ *President* Date ▶ *3-27-05*