

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000600

Entity Name: WATKO, INC.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

400 VALLEY STREAM DR #202
NAPLES, FL 34113

New Principal Place of Business:

400 VALLEY STREAM DR
202
NAPLES, FL 34113

Current Mailing Address:

400 VALLEY STREAM DR #202
NAPLES, FL 34113

New Mailing Address:

400 VALLEY STREAM DR
202
NAPLES, FL 34113

FEI Number: 04-3782562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, DEAN E
400 VALLEY STREAM DR #202
NAPLES, FL 34113 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: D () Delete
Name: WATKINS, DEAN E
Address: 400 VALLEY STREAM DR #202
City-St-Zip: NAPLES, FL 34113

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: WATKINS, LYNN A
Address: 400 VALLEY STREAM DR. #202
City-St-Zip: NAPLES, FL 34113

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: DEAN E. WATKINS

D

01/25/2005

Electronic Signature of Signing Officer or Director

Date