

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90054 007 ***150.00

DOCUMENT # P04000046199

1. Entity Name

WATKINS & SONS PAVING INC.



Principal Place of Business

5017 DENVER ST
TAMPA FL 33619

Mailing Address

5017 DENVER ST
TAMPA FL 33619

J0012702

2. Principal Place of Business

11833 Pruett Rd.
Suite, Apt. #, etc.

3. Mailing Address

11833 Pruett Rd.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Seffner, FL

City & State

Seffner, FL

4. FEI Number

20-1774949

Applied For

Not Applicable

Zip
33584

Country
USA

Zip
33584

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, AMBER LEE
5017 DENVER ST
TAMPA FL 33619

7. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> Delete
NAME	WATKINS, CLARENCE R	
STREET ADDRESS	5017 DENVER ST.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATKINS, GARY	
STREET ADDRESS	5017 DENVER ST.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATKINS, AMBER	
STREET ADDRESS	5017 DENVER ST.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATKINS, GARY JR	
STREET ADDRESS	5017 DENVER ST.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Clarence R.	
STREET ADDRESS	11833 Pruett Rd.	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Gary	
STREET ADDRESS	11833 Pruett Rd.	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Amber Lee	
STREET ADDRESS	11833 Pruett Rd.	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Gary Jr.	
STREET ADDRESS	11833 Pruett Rd.	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05 813-661-6963

Date

Daytime Phone #