

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-05-2005 90082 039 ***150.00

DOCUMENT # P04000049232 1. Entity Name WATSON PAINTING, INC.					
Principal Place of Business 63 E. MALLARD CREEK ROAD FREEPORT, FL 32439			Mailing Address 63 E. MALLARD CREEK ROAD FREEPORT, FL 32439		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCL 15 SANTA ROSA BEACH, FL 32459				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing : <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	Delete <input type="checkbox"/>		CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	Delete <input type="checkbox"/>		CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	Delete <input type="checkbox"/>		CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	Delete <input type="checkbox"/>		CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: _____			Date: 4/29/05 Daytime Phone #: 850-855-8459		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66021200



04272005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0886660** Applied For ☐ Not Applicable ☒

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