


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90309 001 \*\*\*450.00

<b>DOCUMENT # P04000070940</b>					
<b>1. Entity Name</b> <b>WATLEE CONSTRUCTION, INC.</b>					
<b>Principal Place of Business</b> <b>3673 SOUTHEAST FORECASTLE COURT</b> <b>STUART, FL 34997</b>			<b>Mailing Address</b> <b>3673 SOUTHEAST FORECASTLE COURT</b> <b>STUART, FL 34997</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>3163 SE Lionel Ter</b>		<b>3. Mailing Address</b> <b>3163 SE Lionel Ter</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Stuart FL</b>		<b>City &amp; State</b> <b>Stuart FL</b>		<b>4. FEI Number</b> <b>55-0866173</b>	
<b>Zip</b> <b>34997</b>		<b>Country</b> <b>US</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PSTD</b> <input type="checkbox"/> Delete <b>WATLEY, RYAN</b> <b>3673 SOUTHEAST FORECASTLE COURT</b> <b>STUART, FL 34997</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <input type="checkbox"/> Delete <b>WALTER, BRANDY L</b> <b>3673 SE FORECASTLE COURT</b> <b>STUART, FL 34997</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WATLEY Brandy L</b> <b>3673 SE Forecastle Ct</b> <b>Stuart FL 34997</b> <b>correction</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.</b>					
<b>SIGNATURE:</b> <i>Ky. 2</i>			<b>4.28.08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # <b>5617223938</b>		