## **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P04000070940 2012 JUN 25 PM 3: 48 1. Entity Name WATLEE CONSTRUCTION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 3673 SE FORECASTLE COURT PO BOX 1537 STUART, FL 34997 PORT SALERNO, FL 34992 2. Principal Place of Business - No P O. Box # Mailing Address 3673SE forecastle C 1537 Suite, Apt. #, etc. Suite, Apt. #, etc. 05082012 Chg-P CR2E034 (12/11) Port Saler City & State 5+00 4. FEI Number Applied For Stuart 55-0866173 Not Applicable FRUNTRY US A \$8.75 Additional 5. Certificate of Status Desired ГП 34692 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Watle WATLEY, RYAN N Bex Number is Not Acceptable) 3673 SE FORECASTLE COURT STUART, FL. 34997 Stugrt 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 (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 28, 2012 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSTD** ☐ Change Addition TITLE Delete TITLE NAME WATLEY, RYAN NAME STREET ADDRESS STREET ADDRESS PO BOX 1537 CITY - ST- ZIP PORT SALERNO, FL 34992 CITY-ST-ZIP TITLE Delete Change Addition WATLEY, BRANDY L 100236796981 06/26/12--01002--001 \*\*159,00 NAME NAME PO BOX 1537 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT SALERNO, FL 34992 CITY - ST- ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME NAME JUN 275 2012 STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY - ST - ZIF <del>S. TONE</del>R TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP ☐ Defete TITLE Change Addition . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY- ST- ZIP 12. Thereby 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 apparatiment with an address, with all other like empowered.