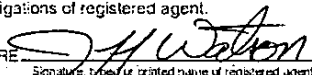


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90020 024 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                                                                                                     |                                                                        |                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000082984</b><br>1. Entity Name<br><b>WATSON'S FLOORING INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                                                                     |                                                                        |                                                                                       |  |
| Principal Place of Business<br><b>1569 SHADOW RIDGE CIR<br/>SARASOTA, FL 34240</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                                                     | Mailing Address<br><b>1569 SHADOW RIDGE CIR<br/>SARASOTA, FL 34240</b> |                                                                                                                                                                        |  |
| 2. Principal Place of Business<br><b>18463 Arapahoe Cir</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                                                     | 3. Mailing Address<br><b>18463 Arapahoe Cir</b><br>Suite, Apt. #, etc. |                                                                                                                                                                        |  |
| City & State<br><b>Pt Charlotte FL</b><br>Zip <b>33948</b> Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        | City & State<br><b>Pt Charlotte FL</b><br>Zip <b>33948</b> Country                                                  |                                                                        | 4. FEI Number<br><b>20-1221674</b>                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                                                                                                     |                                                                        | Applied For<br>Not Applicable                                                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><b>WATSON, JEFF<br/>1569 SHADOW RIDGE CIR<br/>SARASOTA, FL 34240</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                                                     |                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18463 Arapahoe Cir</b><br><b>Pt Charlotte FL 33948</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.<br>SIGNATURE:  DATE: <b>1-24-2005</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small>                                                                                                                               |                                                                                                                        |                                                                                                                     |                                                                        |                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                        |                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P.<br><b>WATSON, JEFF</b><br><b>1569 SHADOW RIDGE CIR</b><br><b>SARASOTA, FL 34240</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>18463 Arapahoe Cir</b><br><b>Pt Charlotte FL 33948</b>                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |  |
| 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: <b>1-24-2005</b>                                                 |                                                                                                                                                                        |  |

**50006577**



01192005 Chg-P CR2E034 (10/03)