

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094549

Entity Name: CARL B. WATTS, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

4329 SUNSET BCH BLVD
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4329 SUNSET BCH BLVD
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 76-0761834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PARKER B ESQ
1219 AIRPORT ROAD STE 311
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WATTS, CARL B
Address: 4329 SUNSET BCH BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: DV () Delete
Name: WATTS, JASON E
Address: 4329 SUNSET BCH BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: DT () Delete
Name: WATTS, DOROTHY J
Address: 4329 SUNSET BCH BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: DV () Delete
Name: WATTS, SHAWN C
Address: 24432 LANDING DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: WATTS, SHAWN C
Address: 22346 MAGNOLIA TRACE BLVD.
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL B. WATTS

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date