

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90080 026 \*\*\*158.75

**DOCUMENT # P04000110258**

1. Entity Name  
**WATTS GUARDIAN CARE, INC.**



Principal Place of Business  
**7217 EUDINE DR N  
JACKSONVILLE, FL 32210**

Mailing Address  
**7217 EUDINE DR N  
JACKSONVILLE, FL 32210**

**50035175**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-1458882**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, SARAH  
7363 PROSPERITY PRK RD N  
JACKSONVILLE, FL 32244**

7. Name and Address of New Registered Agent

Name **MARY ROGERS**

Street Address (P.O. Box Number is Not Acceptable)

**2810 CANYON COURT**

City **ORANGE PARK**

FL

Zip Code **32065**

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

**Mary Rogers**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**1-8-05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WATTS, MILDRED**  
STREET ADDRESS **7217 EUDINE DR N**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **V** ☐ Delete  
NAME **WATT'S, ANANIAS SR**  
STREET ADDRESS **7217 EUDINE DR N**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Mildred Watts** **Mildred Watts**

**1-8-05**

Date

Daytime Phone #

**EX-109  
(904) 542-7715**