


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000110258 1. Entity Name WATTS GUARDIAN CARE, INC.	
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Principal Place of Business
7217 EUDINE DR N
JACKSONVILLE, FL 32210

Mailing Address
7217 EUDINE DR N
JACKSONVILLE, FL 32210



DO NOT WRITE IN THIS SPACE

02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1458882	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, MARY
2810 CANYON COURT
ORANGE PARK, FL 32065

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent's signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATTS, MILDRED 7217 EUDINE DR N JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATTS, ANANIAS SR 7217 EUDINE DR N JACKSONVILLE, FL 32210
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02/16/07-80018-008 158.75

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Mildred Watts - Mildred Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07 (904) 317-9931

Date

Daytime Phone #