

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000148481

1. Entity Name  
WATSON FRAMING INC



Principal Place of Business  
31518 ANDERSON DRIVE  
TAVARES, FL 32778

Mailing Address  
31518 ANDERSON DRIVE  
TAVARES, FL 32778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072005

REIN-P

CR2E098 (6/04)

4. FEI Number

Applied For

Not Applicable

20-1804709

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, CLEM E  
31518 ANDERSON DRIVE  
TAVARES, FL 32778

Name

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

City

FL

Zip Code

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 date of filing

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
P  
WATSON, CLEM E  
31518 ANDERSON DRIVE  
TAVARES, FL 32778 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
0000604606-111  
10/10/05--01081--025 \*\*\*150.00 ☐ Change ☐ Addition

TITLE  
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CITY ST ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ 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:

*Clem E. Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

60-7-05 1-888-669-XXXX

Date

Day Month Year

10/13/05  
aw

FILED

2005 OCT 10 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

