

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000044862

1. Entity Name
RONALD P WATSON PA



Principal Place of Business
**21120 NW 132ND LANE
HIGH SPRINGS, FL 32643 US**

Mailing Address
**P O BOX 607
HIGH SPRINGS, FL 32655 US**



05192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0050479	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WATSON, RONALD P
21120 NW 132ND LANE
HIGH SPRINGS, FL 32643**

**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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, RONALD P 21120 NW 132ND LANE HIGH SPRINGS, FL 32643
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WATSON, SUSIE B 21120 NW 132ND LANE HIGH SPRINGS, FL 32643
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/04/08-80053-021 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/08 (386) 462-3797
Date Daytime Phone #