


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000106870	
1. Entity Name WATSON'S FISH CAMP, INC.	
	
Principal Place of Business 6981 S. ALOYSIA AVE FLORAL CITY, FL 34436	Mailing Address 6981 S. ALOYSIA AVE FLORAL CITY, FL 34436



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3236796	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

BECKNER, JR., ROGER E
6981 S. ALOYSIA AVE
FLORAL CITY, FL 34436

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000933863

05/23/08-80009-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BECKNER, ROGER E JR. 6981 S. ALOYSIA AVE FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BECKNER, ROGER E III 6980 S. ALOYSIA AVE FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BECKNER, JENNIFER 6980 S. ALOYSIA AVE FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Roger E. Beckner, JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 352-726-2225
Date Daytime Phone #