2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106870

Title:

Name:

Address:

City-St-Zip:

Entity Name: WATSON'S FISH CAMP, INC.

() Delete

BECKNER, JENNIFER

6980 S. ALOYSIA AVE

FLORAL CITY, FL 34436

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6981 S. ALOYSIA AVE FLORAL CITY, FL 34436 **Current Mailing Address: New Mailing Address:** 6981 S. ALOYSIA AVE FLORAL CITY, FL 34436 FEI Number: 20-3236796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKNER, JR., ROGER E 6981 S. ALOYSIA AVE FLORAL CITY, FL 34436 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition BECKNER, ROGER E JR. Name: Name: 6981 S. ALOYSIA AVE Address: Address: City-St-Zip: FLORAL CITY, FL 34436 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: BECKNER, ROGER E III Name: BECKNER, ROGER E III 6980 S. ALOYSIA AVE 6981 S. ALOYSIA AVE Address: Address: FLORAL CITY, FL 34436 FLORAL CITY, FL 34436 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JENNIFER A. BECKNER ST 04/20/2009

(X) Change () Addition

BECKNER, JENNIFER

6981 S. ALOYSIA AVE

FLORAL CITY, FL 34436