

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000014002**

1. Entity Name  
**LINDA WATSON REALTY, INC.**



Principal Place of Business

**778 SCENIC GULF DRIVE  
SUITE 1  
DESTIN, FL 32550**

Mailing Address

**P. O. BOX 6699  
DESTIN, FL 32550**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2566849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WATSON, ABRAHAM G  
778 SCENIC GULF DRIVE  
SUITE 1  
DESTIN, FL 32550**

**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)

**4/30/08**

DATE

**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**

**000000947556  
06/02/08-80019-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WATSON, LINDA D
STREET ADDRESS	778 SCENIC GULF DRIVE, SUITE 1
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	D
NAME	WATSON, ABRAHAM G
STREET ADDRESS	778 SCENIC GULF DRIVE, SUITE 1
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

**4/30/08**

DATE

**850-837-3111**

Daytime Phone