

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000052263

1. Entity Name
JOHNNY WATSON CONSTRUCTION, INC.



FILED

05 OCT -7 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2613 CENTERVILLE RD
STE 1
TALLAHASSEE, FL 32308

Mailing Address
2613 CENTERVILLE RD
STE 1
TALLAHASSEE, FL 32308



2. Principal Place of Business
187 Park Place
Suite, Apt. #, etc.
Panama City Beach, FL
City & State

3. Mailing Address
187 Park Place
Suite, Apt. #, etc.
Panama City Beach, FL
City & State

10072005 REIN-P CR2E098 (6/04)

Zip *32413* Country *Bay* Zip *32413* Country *Bay*

4. FEI Number
59-3258153

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WATSON, JOHNNY A
~~2432 AMONDA DR~~ *187 Park Place*
~~TALLAHASSEE, FL 32312~~ *Panama City Beach, FL*
32413

7. Name and Address of New Registered Agent
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 *Johnny A Watson*

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
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JOHNNY A 9131 SHOAL CREEK TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, VICKI T 9131 SHOAL CREEK TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Johnny A Watson</i> <i>187 Park Pl</i> <i>Panama City Beach, FL 32413</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>WATSON Vicki T</i> <i>187 Park Pl</i> <i>Panama City Beach FL 32413</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060499949 10/11/05--01065--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Johnny A Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-05 *850 596 7032*

Date

Daytime Phone #