


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90084 026 ***150.00

DOCUMENT # P94000052263			
1. Entity Name JOHNNY WATSON CONSTRUCTION, INC.			
Principal Place of Business 187 PARK PLACE PANAMA CITY BEACH, FL 32413		Mailing Address 187 PARK PLACE PANAMA CITY BEACH, FL 32413	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>PO Box 7397</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>City & State PC Beach, FL</i>		4. FEI Number 59-3258153	
Zip <i>32413</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
8. Name and Address of Current Registered Agent WATSON, JOHNNY A 187 PARK PLACE PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent	
6. 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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE <i>Johnny A Watson</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JOHNNY A 187 PARK PLACE PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PO Box 7397 PC Beach, FL 32413</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, VICKI T 187 PARK PLACE PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PO Box 7397 PC Beach, FL 32413</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>Johnny A Watson</i>		Date: <i>4/19/07</i> Daytime Phone #: <i>9505967032</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	