2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000075021

1. Entity Name
WATTS PLASTERING, INCORPORATED

Principal Place of Business	Mailing Address
1201 COUNTRY GARDENS LANE FORT PIERCE, FL 34982	1201 COUNTRY GARDENS LANE FORT PIERCE, FL 34982

DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0540899

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, EVETT L
10020 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

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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 Raleigh Watts / Raleigh Watts 4-29-05
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 May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATTS, WALTER R JR
STREET ADDRESS	1201 COUNTRY GARDENS LN
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D
NAME	WATTS, WALTER R III
STREET ADDRESS	1201 COUNTRY GARDENS LN
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D
NAME	WATTS, PAMELA E
STREET ADDRESS	1201 COUNTRY GARDENS LN
CITY-ST-ZIP	FORT PIERCE, FL 34982
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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05/03/05-80133-019 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raleigh Watts / Raleigh Watts 4-29-05 772-464-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #