

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091338

Entity Name: WATSON'S TIRE & AUTO SERVICE, INC.

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

104 COOPER RD  
SEBRING, FL 33872

## New Principal Place of Business:

104 COOPER RD  
SEBRING, FL 33875

## Current Mailing Address:

104 COOPER RD  
SEBRING, FL 33872

## New Mailing Address:

104 COOPER RD  
SEBRING, FL 33875

FEI Number: 65-0544389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, TIMOTHY L  
4405 DUFFER LOOP  
SEBRING, FL 33872 US

## Name and Address of New Registered Agent:

WATSON, TIMOTHY L  
4406 DUFFER LOOP  
SEBRING, FL 33872 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:

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WATSON, TIMOTHY L  
Address: 4406 DUFFER LOOP  
City-St-Zip: SEBRING, FL 33872

Title: BOD ( ) Delete  
Name: WATSON, SHARON J  
Address: 4406 DUFFER LOOP  
City-St-Zip: SEBRING, FL 33872

Title: VP ( ) Delete  
Name: WATSON, JUSTIN SCOTT  
Address: 2017 GARDENIA AVE  
City-St-Zip: SEBRING, FL 33872

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: TIMOTHY L. WATSON

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date