2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000082941

1. Entity Name — WATSON INDUSTRIES, INC.



FILED
Jan 26, 2005 08:00 AM
Secretary of State

Principal Place of Business 11378 ROYAL TEE CIRCLE CAPE CORAL, FL 33991_7533 Mailing Address

11378 ROYAL TEE CIRCLE CAPE CORAL, FL 33991-7533



01242005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0620652

Applied For Not Applicable

5. Certificate of Status Desired

M

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, ROBERT A 11378 ROYAL TEE CIRCLE CAPE CORAL, FL 33991

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE DVS NAME WATSON, ROE STRIET ADDRESS 11378 ROYAL CITY-ST-ZIP CAPE CORAL,	TEE CIRCLE				 1100000197974 01/27/05-80034-002 158.75
TITLE DPT NAME WATSON, HEL STREET ADDRESS 11378 ROYAL CITY-ST-ZIP CAPE CORAL,	TEE CIRCLE				<u></u>
TITLE NAME STREET ADDRESS CITY- ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY- ST-ZIP			. =	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST-ZIP					· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			T		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Date Date Date Dayling Prome #