

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90103 010 ***150.00

DOCUMENT # P96000020342

1. Entity Name
SKIP WATKINS AND ASSOCIATES, INC



Principal Place of Business
**13274 113TH AVENUE NORTH
 LARGO FL 34644**

Mailing Address
**13274 113TH AVENUE NORTH
 LARGO FL 33774**

2. Principal Place of Business
5576 Rio Vista Dr
 Suite, Apt. #, etc.

3. Mailing Address
127 Valencia Circle
 Suite, Apt. #, etc.

City & State
Clw FL

City & State
ST Pete, FL

Zip
33760

Country
Pinellas

Zip
33716

Country
Pinellas



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**WATKINS, GLENN G
 13274 - 113TH AVENUE NORTH
 LARGO FL 33644**

4. FEI Number **59-3366164** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

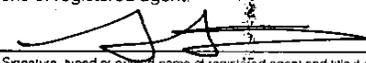
Name **WATKINS GLENN G**

Street Address (P.O. Box Number is Not Acceptable)
127 Valencia Circle

ST Petersburg

City **FL** Zip Code **33716**

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:  **Glenn G WATKINS** DATE: **4/1/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WATKINS, GLENN G	
STREET ADDRESS	13274 113TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, DOROTHY F	
STREET ADDRESS	13274 113TH AVE	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Glenn G WATKINS**  DATE: **4-1-05** DAYTIME PHONE #: **727-533-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR