


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000044076	
1. Entity Name WATERMELONS, INC.	

Principal Place of Business 105 S. BREVARD AVE. ARCADIA, FL 34266 US	Mailing Address PO BOX 789 ARCADIA, FL 34265 US
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0677049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TURNER, EUGENE H JR. 105 S. BREVARD AVE. ARCADIA, FL 34266
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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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000532445 05/06/06-80085-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCPT TURNER, EUGENE H JR. 105 S. BREVARD AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TURNER III, EUGENE H 105 SOUTH BREVARD AVENUE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TURNER, EUGENE H SR 105 S BREVARD AVE ARCADIA, FL 34266
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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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eugene H. Turner, Jr., President

Date: **4/18/06** (863) 494-4477
Daytime Phone #