2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000020918

1. Entity Name

LAWRENCE M. WATSON, JR. P.A.



FILED
Jan 20, 2004 08:00 AM
Secretary of State

Principal Place of Business

e of Business

900 WINDERLEY PL

MAITLAND, FL 32751 US

900 WINDERLEY PL 122

MAITLAND, FL 32751

Mailing Address

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

US



01122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3463912 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATSON, LAWRENCE M 1621 FOREST AVE WINTER PARK, FL 32789

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			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 Signature. Typod or printed name of registered agent and sife if applicable (NOTE Registered Agent signature required when reinstating)					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, LAWRENCE M JR 1650 LAUREL RD. WINTER PARK, FL 32789			U0000009172 01/20/04-80054-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TATLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS GRY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP					<u> </u>
12. I hereby certify that the information supplied with this liking 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 tegor 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.					