

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000021829

1. Entity Name
WATSON MORTUARY SERVICES, INC.



Principal Place of Business
**426 W WADE ST
TRENTON, FL 32693 US**

Mailing Address
**P O BOX 2167
TRENTON, FL 32693 US**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3432943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HATFIELD, ANDERSON E
4114 N.W. 13 STREET
GAINESVILLE, FL 32609**

**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 _____ DATE _____
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, 2008 Fee will be \$850.00**

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

060000917290
05/13/08-80035-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WATSON, JAMES C
STREET ADDRESS	426 WEST WADE ST
CITY-ST-ZIP	TRENTON, FL 32693

TITLE	D
NAME	WATSON, JAMES E
STREET ADDRESS	P.O. BOX 108
CITY-ST-ZIP	GRAHAM, FL 32042

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *James C. Watson* **James C. Watson**

4-22-08

352-463-8888

Date

Daytime Phone #