

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000049509

1. Entity Name
WATSON BROTHERS CONSTRUCTION, INC.



Principal Place of Business
229 8TH STREET
PORT ST. JOE, FL 32456

Mailing Address
229 8TH STREET
PORT ST. JOE, FL 32456

DO NOT WRITE IN THIS SPACE

FILED
06 MAY -1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3458200

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, TOMMY
401 16TH ST
PT ST JOE, FL 32456

**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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATSON, TOMMY
STREET ADDRESS	401 16TH ST
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	VP
NAME	WATSON, AARON
STREET ADDRESS	401 16TH ST
CITY-ST-ZIP	PORT SAINT JOE, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

~~05/09/06--01003--004 **200.00~~

800074221829
05/09/06--01003--004 **200.00

**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: William T Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 8502299599

Date

Daytime Phone #