

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000049509

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** WATSON BROTHERS CONSTRUCTION, INC.

**Current Principal Place of Business:**

229 8TH STREET  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

101 REID AVENUE  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

229 8TH STREET  
PORT ST. JOE, FL 32456

**New Mailing Address:**

PO BOX 1366  
PORT ST. JOE, FL 32457

**FEI Number:** 59-3458200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WATSON, TOMMY  
Address: 401 16TH ST  
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP  
Name: WATSON, AARON  
Address: 909 20TH ST.  
City-St-Zip: PORT SAINT JOE, FL 32456

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOMMY WATSON

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02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date