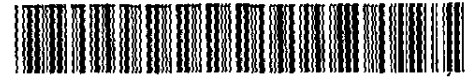


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000029132					
1. Entity Name GISELA WATSON, INC.					
Principal Place of Business 11118 90 TERRACE NORTH SEMINOLE FL 33772 US			Mailing Address 11118 90 TERRACE NORTH SEMINOLE FL 33772 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3501360	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATSON, GISELA 11118 90 TERRACE NORTH SEMINOLE FL 33772			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	D	☐ Delete	TITLE		
NAME	WATSON, GISELA M		NAME		
STREET ADDRESS	11118 90 TERRACE NORTH		STREET ADDRESS		
CITY- ST- ZIP	SEMINOLE FL 33772		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3501360**

5. Certificate of Status Desired ☐ Additional Fee Required **\$8.75**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, GISELA
11118 90 TERRACE NORTH
SEMINOLE FL 33772**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 is applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete	TITLE		
NAME	WATSON, GISELA M		NAME		
STREET ADDRESS	11118 90 TERRACE NORTH		STREET ADDRESS		
CITY- ST- ZIP	SEMINOLE FL 33772		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GISELA M. WATSON **Gisela M. Watson** 2-3-06 727 424 3996