2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 16, 2004 8:00 am

DOCUMENT # P99000011302 1. Entity Name R.A. WATSON, INC.				Secretary of State 02-16-2004 90060 021 ***150.00		
Descinal Place	e of Business	Mailing Address	COO WE			
101 ABRAM	IS ROAD	101 ABRAMS ROAD				
EUSTIS FL :	32726	EUSTIS FL 32726				
2 Principal F	Place of Business	-3. Mailing Address				
349	41 Stage Coach 1	7 34941 Si	tage Coal	ch Trail	.110	
Suite, Apt.	#, etc. *	Suite, Apt. #, etc.	,	MOORE CR2E034	(11/03)	
City & Stat	tis, FL	City State 15	FL	4. FEI Number 59-3559279	Applied For Not Applicable	
327	36 Lake	Zip 32736	Country		8.75 Additional ee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered A	gent	
WATSON, RUSSELL A				· · · · · · · · · · · · · · · · · · ·		
101 ABRAMS ROAD			Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
EUS	STIS FL 32726					
			City	Fultic FL	Zip Code	
		the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida. I am fi	amiliar with, and accept	
the obliga	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signatu	re required when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing frust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	. ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	D WATSON, RUSSELL A	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	101 ABRAMS ROAD		STREET ADDRESS	34941 Stage Coach Tro	ril	
CITY-ST-ZIP	EUSTIS FL 32726		CITY-ST-ZIP	34941 Stage Coach Tra EVStis, FL 32736	-8001	
TITLE NAME	D WATSON, RENEE J	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	101 ABRAMS ROAD		STREET ADDRESS	34941 Stage Coall	Trail	
CITY-ST-ZIP	EUSTIS FL 32726		CITY-ST-ZIP	EUStis, FL 32736-	8001	
TITLE NAME		☐ Delete	TITLE NAME	,	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE .		Change Addition	
STREET ADDRESS	,		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	-	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		÷.	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME			
I SIMEEL AUUMESS			CIDELL TOPPOSES			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, Fiturier Certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, Fiturier Certify 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.