



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90077 038 ***150.00

DOCUMENT # P99000058411 1. Entity Name VICTOR M. WATSON, P.A.					
Principal Place of Business 1970 MICHIGAN AVENUE BLDG C COCOA, FL 32922				Mailing Address 1970 MICHIGAN AVENUE BLDG C COCOA, FL 32922	
2. Principal Place of Business 3490 N. US Highway 1 Suite, Apt. #, etc.		3. Mailing Address 3490 N. U.S. Highway 1 Suite, Apt. #, etc.			
City & State Cocoa FL 32926		City & State Cocoa FL 32926		4. FEI Number 65-0942750	
Zip 32926		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, VICTOR M 1970 MICHIGAN AVENUE BLDG C COCOA, FL 32922				7. Name and Address of New Registered Agent Name WATSON, VICTOR M. Street Address (P.O. Box Number is Not Acceptable) 3490 N. U.S. Highway 1 City Cocoa FL Zip Code 32926	
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 <u><i>Victor M. Watson</i></u> VICTOR M. WATSON <u>1/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WATSON, VICTOR 1970 MICHIGAN AVENUE BLDG C COCOA, FL 32922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WATSON, VICTOR M. 3490 N. U.S. Highway 1 Cocoa FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Victor M. Watson</i></u> VICTOR M. WATSON <u>1/16/04</u> <u>321-631-1550</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					