


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S04853 1. Entity Name WATSON UPHOLSTERY, INC.	
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Principal Place of Business 41 N. CONGRESS AVE. #5B DELRAY BEACH, FL 33445 US	Mailing Address 41 N CONGRESS AVE. #5-B DELRAY BCH, FL 33444 US
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**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0220011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, DAVID E. JR.  
9376 SUN POINTE DR.  
BOYNTON BEACH, FL 33437

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, DAVID E. JR 3876 NW 9TH ST DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, DAVID E SR 4708 FRANWOOD DR. DELRAY BEACH, FL 334453265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, LYNN 4594 133RD ROAD S. DELRAY BEACH, FL 334451226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/19/05-80021-007 150.00

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID E. WATSON JR  
Date 1/12/2005 Daytime Phone # 561-274-0920