

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # S04853

1. Entity Name
WATSON UPHOLSTERY, INC.



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



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0220011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/03/07-80043-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E. Watson Jr.

01/10/2007 561-274-0920

Date

Daytime Phone #