

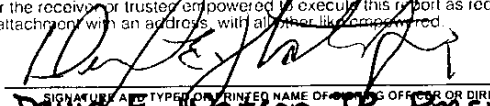


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 042 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 01112008 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 4. FEI Number 65-0220011 </div> <div> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$8.75 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent WATSON, DAVID E. JR. 9376 SUN POINTE DR. BOYNTON BEACH, FL 33437				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P WATSON, DAVID E. JR 3876 NW 9TH ST DELRAY BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Watson, David E. JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9376 Sun Pointe Drive Boynton Beach, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, DAVID E SR 4708 FRANWOOD DR. DELRAY BEACH, FL 334453265 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, LYNN 4594 133RD ROAD S. DELRAY BEACH, FL 334451226 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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 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 companies.					
SIGNATURE:  David E. Watson JR, President			01-11-2008 561-274-0920 <small>Date Daytime Phone #</small>		