

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S64936

FILED
Apr 23, 2007
Secretary of State

Entity Name: TOM WATSON ENTERPRISES, INC.

Current Principal Place of Business:

3475 DELTONA BLD
SUITE A
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

3475 DELTONA BLD
SUITE A
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 59-3075819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, THOMAS A.
3212 GREYNOLDS AVE.
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATSON, THOMAS A.,
Address: 3212 GREYNOLDS AVE.
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: WATSON, KATHRYN A,
Address: 3212 GREYNOLDS AVE
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: WATSON, THOMAS M
Address: 8909 JASMINE BLVD.
City-St-Zip: PORT RICHEY, FL 34669

Title: VP () Delete
Name: WATSON, TIMOTHY D VP
Address: 12351 CORONADO
City-St-Zip: SPRINGHILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. WATSON

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date