-2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 07, 2005 08:00 AM Secretary of State **DOCUMENT # V46709** R & D WATKINS ENTERPRISES, INC. I Principal Place of Business Mailing Address 1671 ST CLAIR AVE E 1671 ST CLAIR AVE E N FT MYERS, FL 33903 N FT MYERS, FL 33903 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0343295 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WATKINS, ROGER D. DO NOT WRITE 1671 ST CLAIR AVE E N FT MYERS, FL 33903 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, typod or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TILE PTD U00000292061 NAME WATKINS, ROGER D. 1671 ST CLAIR AVE E 04/07/05-80055-015 150.00 STREET ADDRESS CITY-ST-ZIP N FT MYERS, FL ШΈ WATKINS, DORIS M. NAME 1671 ST CLAIR AVE E STREET ADDRESS CITY-ST-ZIP N FT MYERS, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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: A

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS