2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State

			T	1 11219 , 0	1, 2000	CC4 4	
DOCUMENT # V46709 1. Entity Name R & D WATKINS ENTERPRISES, INC. I			Secretary of State				
Principal Plac	ce of Business	Mailing Address		1			
1671 ST CL N FT MYERS		1671 ST CLAIR AVE E N FT MYERS, FL 33903					
DO NOT WRITE IN THIS SPAC			CE	04222006 4. FEI Numb	No Chg-P	CR2E034 (11	/05) Applied For
				65-034			Not Applicable 5 Additional
	6. Name and Address of Current Re	gistered Agent	<u> </u>			Fee Re	equired
WATKINS, ROGER D. 1671 ST CLAIR AVE E N FT MYERS, FL 33903			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the	e purpose of changing its registere	ed office or registe	red agent, or bo	oth, in the State of Flo	rīda. I am familiar	with, and accept
SIGNATURE.							·
Signature, typed or printed name of registered agent and title % applicable. (NOTE: Registered			d Agant signature require	d when reinstating)	1	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalgn Finan Trust Fund Contribution.			cing \$5.00 May Be U00000558937 U5/17/06-80117-016 150.00				
10.	OFFICERS AND DIF	RECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PTD WATKINS, ROGER D. 1671 ST CLAIR AVE E N FT MYERS, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATKINS, DORIS M. 1671 ST CLAIR AVE E N FT MYERS, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							TERS (A.
TITLE NAME STREET ADDRESS					•		

12. Thereby certify that the information supplied with this filling 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.

Resident

**Resident

SIGNATURE: ROSA D. Watters ROSE D. WATTER 4/27/06 239-995-7464