2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000013045

Entity Name: WATSON INSURANCE INC

Current Principal Place of Business:

11246 CASTLEMAIN CIR N
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

10957 ATLANTIC BLVD
C
JACKSONVILLE, FL 32225 US

Current Mailing Address:

PO BOX 551131
JACKSONVILLE, FL 322551131 US

New Mailing Address:

10957 ATLANTIC BLVD
C
JACKSONVILLE, FL 32225 US

FEI Number: 26-1855775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, DOUGLAS R
11246 CASTLEMAIN CIR N
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

WATSON, DOUGLAS R
10957 ATLANTIC BLVD
C
JACKSONVILLE, FL 32225 US

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: DOUGLAS R WATSON 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WATSON, DOUGLAS R
Address: 11246 CASTLEMAIN CIR N
City-St-Zip: JACKSONVILLE, FL 32256

Title: OWN ( ) Delete
Name: WATSON, ROBYN I
Address: 11246 CASTLEMAIN CIR N
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DOUGLAS R WATSON OWN 04/30/2009
Electronic Signature of Signing Officer or Director Date