

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 026 ***150.00

DOCUMENT # P92000005344

1. Entity Name

WATSON TITLE SERVICES, INC.



Principal Place of Business

**7821 DEERCREEK CLUB RD
JACKSONVILLE FL 32256
US**

Mailing Address

**7821 DEERCREEK CLUB RD
JACKSONVILLE FL 32256
US**

2. Principal Place of Business

1435 W. State Road 434,

3. Mailing Address

Suite, Apt. #, etc.
Suite 109

Suite, Apt. #, etc.

City & State

Longwood, Florida

City & State

Zip
32750

Country
USA

Zip

Country

4. FEI Number

59-3151703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**DECHELLIS, GARY R
1440 W LAKE BRANTLEY RD
LONGWOOD FL 32779**

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

Signature, typed or printed name of registered agent or director.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **RICKETSON, KAY**
STREET ADDRESS **317 WEKIVA SPRINGS RD. STE. 100**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Delete
NAME **HASTINGS, BETTY**
STREET ADDRESS **7601 CONROY-WINDERMERE ROAD**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **VP** ☐ Delete
NAME **WATSON, WILLIAM A JR.**
STREET ADDRESS **7821 DEERCREEK CLUB ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Delete
NAME **BENNETT, KEN**
STREET ADDRESS **1435 WEST S.R. 434**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Delete
NAME **EDGINGTON, JILL**
STREET ADDRESS **1961 S. WOODLAND BLVD.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ Delete
NAME **BLANKENBILLER, ROBERT**
STREET ADDRESS **1435 WEST S.R. 434**
CITY-ST-ZIP **LONGWOOD FL 32750**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **Gary R. DeChellis**
STREET ADDRESS **1435 West State Road 434, Suite 109**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. DECHELLIS

March 5, 2004 (407) 645-1310

Date

Daytime Phone #