

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000165082

**Entity Name:** WATSON & COMPANY OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

16445 COUNTY ROAD 455  
MONTVERDE, FL 34756

**Current Mailing Address:**

225 N LAKESHORE DRIVE  
MINNEOLA, FL 34715 US

**FEI Number:** 20-1979704

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OSBORNE, WILLIAM GESQ  
1305 E ROBINSON STREET  
ORLANDO, FL 32801 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name WATSON, JAMES A  
Address 225 N LAKESHORE DRIVE  
City-State-Zip: MINNEOLA FL 34715

Title DT  
Name MARINO, AMANDA L  
Address 841 HIGH POINTE CIRCLE  
City-State-Zip: MINNEOLA FL 34715

Title DS  
Name WATSON, MELISSA  
Address 225 N LAKESHORE DRIVE  
City-State-Zip: MINNEOLA FL 34715

*I hereby 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 all other like empowered.*

**SIGNATURE:** AMANDA L MARINO

DT

02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date