

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013045

Entity Name: WATSON INSURANCE INC

Current Principal Place of Business:

10909 ATLANTIC BLVD #13
JACKSONVILLE, FL 32225

Current Mailing Address:

10909 ATLANTIC BLVD #13
JACKSONVILLE, FL 32225 US

FEI Number: 26-1855775

Certificate of Status Desired: No

Name and Address of Current 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

04/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	WATSON, DOUGLAS R	Name	WATSON, ROBYN I
Address	11246 CASTLEMAIN CIR N	Address	11246 CASTLEMAIN CIR N
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

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: DOUGLAS R WATSON

PRESIDENT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date