

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90020 028 ***150.00

DOCUMENT # P02000100031

1. Entity Name
WATSON TITLE SERVICES OF N. FL., INC.



Principal Place of Business
**175 HAMPTON POINT DRIVE
SUITE 2
SAINT AUGUSTINE, FL 32092**

Mailing Address
**175 HAMPTON POINT DRIVE
SUITE 2
SAINT AUGUSTINE, FL 32092**

40042923



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
14-1848508

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, G. KEITH
208 PONTE VEDRA PARK DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WATSON, G. KEITH**
STREET ADDRESS **208 PONTE VEDRA PARK DRIVE, SUITE 101**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **D** ☐ Change ☒ Addition
NAME **Cindy Darcy**
STREET ADDRESS **30 Longview Way N.**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **C** ☐ Delete
NAME **WATSON, WILLIAM A JR.**
STREET ADDRESS **7821 DEERCREEK CLUB RD, SUITE 200**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **D** ☐ Change ☒ Addition
NAME **Margaret Pittman**
STREET ADDRESS **P.O. Box 328**
CITY-ST-ZIP **Welaka, FL 32193**

TITLE **D** ☐ Delete
NAME **BONGIORNO, MARYANN**
STREET ADDRESS **5008 TOTEM COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **D** ☐ Change ☒ Addition
NAME **Donald Shamblin**
STREET ADDRESS **9437 Adelaide Dr.**
CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE **D** ☒ Delete
NAME **SMITH, PAT**
STREET ADDRESS **178 LYONS GATE DR.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

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

TITLE **D** ☐ Delete
NAME **FORMAN, ROBERT E**
STREET ADDRESS **4460 SWILCAN BRIDGE LANE NORTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

TITLE **P** ☐ Delete
NAME **ROMO, ALISHA RAY**
STREET ADDRESS **6782 ARCHING BRANCH CIRCLE**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

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 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.

SIGNATURE:

William A. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2008 904-596-5961

Date

Daytime Phone #