2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P02000100031

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

Current Principal Place of Business:

175 HAMPTON POINT DRIVE
SUITE 2
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

175 HAMPTON POINT DRIVE
SUITE 2
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 14-1848508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WATSON, G. KEITH	
Address:	208 PONTE VEDRA PARK DRIVE, SUITE 101	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	C	( ) Delete
Name:	WATSON, WILLIAM A JR.	
Address:	7821 DEERCREEK CLUB RD, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	BONGIORNO, MARYANN	
Address:	5008 TOTEM COURT	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	D	(X) Delete
Name:	DARCY, CINDY	
Address:	30 LONGVIEW WAY N	
City-St-Zip:	PALM COAST, FL 32137	
Title:	D	( ) Delete
Name:	FORMAN, ROBERT E	
Address:	4460 SWILCAN BRIDGE LANE NORTH	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	P	( ) Delete
Name:	ROMO, ALISHA RAY	
Address:	6782 ARCHING BRANCH CIRCLE	
City-St-Zip:	JACKSONVILLE, FL 32258	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WILLIAM A. WATSON, JR. C 04/07/2009

Electronic Signature of Signing Officer or Director — Date