2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100031

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

FILED Feb 14, 2011 Secretary of State

175 HAMPTON POINT DRIVE SUITE 2

SAINT AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

175 HAMPTON POINT DRIVE SUITE 2 SAINT AUGUSTINE, FL 32092

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

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

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

in the otate of the

SIGNATURE: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title:

Name: WATSON, G. KEITH

Address: 208 PONTE VEDRA PARK DRIVE, SUITE 101

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: C

Name: WATSON, WILLIAM A JR.

Address: 7821 DEERCREEK CLUB RD, SUITE 200

City-St-Zip: JACKSONVILLE, FL 32256

Title: D

 Name:
 BONGIORNO, MARYANN

 Address:
 5008 TOTEM COURT

 City-St-Zip:
 JACKSONVILLE, FL 32259

Title:

Name: FORMAN, ROBERT E

Address: 4460 SWILCAN BRIDGE LANE NORTH

City-St-Zip: JACKSONVILLE, FL 32224

Title: F

Name: ROMO, ALISHA RAY

Address: 6782 ARCHING BRANCH CIRCLE City-St-Zip: JACKSONVILLE, FL 32258

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: WILLIAM A WATSON, JR. C 02/14/2011