

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000005344	
1. Entity Name WATSON TITLE SERVICES, INC.	



Principal Place of Business 7821 DEERCREEK CLUB RD JACKSONVILLE, FL 32256 US	Mailing Address 7821 DEERCREEK CLUB RD JACKSONVILLE, FL 32256 US
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01052006 No Chg-P CR2E034 (11/05)

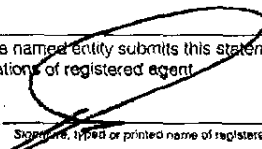
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3151703	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DECHELLIS, GARY R 1440 W LAKE BRANTLEY RD LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when re-registering) DATE: **1-5-06**

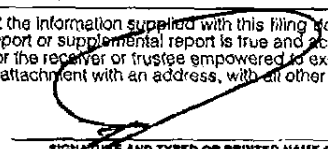
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICKETSON, KAY 317 WEKIVA SPRINGS RD. STE. 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECHELLIS, GARY R 1435 WEST STATE RD 434, STE 109 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATSON, WILLIAM A JR. 7821 DEERCREEK CLUB ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, KEN 1435 WEST S.R. 434 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGINGTON, JILL 1961 S. WOODLAND BLVD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKENBILLER, ROBERT 1435 WEST S.R. 434 LONGWOOD, FL 32750

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000000411676
02/10/06-80017-013 150.00

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:  DATE: **1-5-06** DAYTIME PHONE #: **407-645-1310**