

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005344

FILED
Apr 07, 2009
Secretary of State

Entity Name: WATSON TITLE SERVICES, INC.

Current Principal Place of Business:

7821 DEERCREEK CLUB RD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

1435 WEST STATE RD 434
SUITE 109
LONGWOOD, FL 32750 US

Current Mailing Address:

7821 DEERCREEK CLUB RD
JACKSONVILLE, FL 32256 US

New Mailing Address:

7821 DEERCREEK CLUB RD
SUITE 200
JACKSONVILLE, FL 322563698 US

FEI Number: 59-3151703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECHELLIS, GARY R
1440 W LAKE BRANTLEY RD
LONGWOOD, FL 32779 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: P () Delete
Name: DECHELLIS, GARY R
Address: 1435 WEST STATE RD 434, STE 109
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: WATSON, WILLIAM A JR.
Address: 7821 DEERCREEK CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: BENNETT, KEN
Address: 1435 WEST S.R. 434
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: EDGINGTON, JILL
Address: 1961 S. WOODLAND BLVD.
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: BLANKENBILLER, ROBERT
Address: 1435 WEST S.R. 434
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: FORMAN, ROBERT E
Address: 4460 SWILCAN BRIDGE LANE N.
City-St-Zip: JACKSONVILLE, FL 32224

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

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date