



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000054582	
1. Entity Name WATSON & OSBORNE, P.A.	

Principal Place of Business 208 PONTE VEDRA PARK DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082-600 US	Mailing Address 208 PONTE VEDRA PARK DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082-600 US
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DO NOT WRITE IN THIS SPACE

	
02132007 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3199636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATSON, G. KEITH 208 PONTE VEDRA PARK DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082-6600
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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 reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD WATSON, G. KEITH 208 PONTE VEDRA PARK DRIVE SUITE 101 PONTE VEDRA BEACH, FL 00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OSBORNE, LEE S 2500 MONUMENT RD, STE 201 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <i>H. Keith Watson</i>	3-5-07	904 273-7009 x861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #