2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2006 08:00 AM DOCUMENT # P98000044688 **Secretary of State** 1. Entity Name WATSON & OSBORNE TITLE SERVICES, INC. Principal Place of Business Mailing Address 208 PONTE VEDRA PARK DR., STE. 101 PONTE VEDRA BEACH FL 32082 208 PONTE VEDRA PARK DR., STE. 101 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3528414 Not Applicat Zφ Country Zισ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATSON, G. KEITH Street Address (P.O. Box Number is Not Acceptable) 208 PONTE VEDRA PARK DR., STE. 101 PONTE VEDRA BEACH FL 32082 City Zip Code 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 Signature, typed or photod name of registered agent and little if applicable (NOTE Registered Agent signature required when revistalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete TITLE U00000415606 NAME NAME WATSON, G. KEITH 02/11/06-30088-004 150.00 STREET ADDRESS STREET ADDRESS 208 PONTE VEDRA PARK DR.,STE.101 CITY-ST-ZIP CITY- ST- 702 PONTE VEDRA BEACH FL 32082 ☐ Additi Delete THILE Change TITLE NAME NAME MERCHANT, SUSAN STREET ADDRESS 288 CALYPSO COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE Delete TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oetete TITLE ☐ Change □ Address NAME STREET ADDRESS STREET ADDRESS CITY; ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ A.'. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete MLĖ ☐ Change ☐ Add™ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Lull Wally.

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