


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90018 036 \*\*\*150.00

<b>DOCUMENT # V66399</b> 1. Entity Name <b>CROCKETT WATSON INSURANCE, INC.</b>					
Principal Place of Business <b>11570 SAN JOSE BOULEVARD SUITE 13 JACKSONVILLE, FL 32223 US</b>			Mailing Address <b>3547 EQUESTRIAN CT JACKSONVILLE, FL 32223-3513 US</b>		
2. Principal Place of Business <b>10688 OLD ST AUGUSTINE</b>			3. Mailing Address <b>10688 OLD ST AUGUSTINE</b>		
Suite, Apt. #, etc. <b>Suite 1 ROAD</b>			Suite, Apt. #, etc. <b>Suite 1 ROAD</b>		
City & State <b>JACKSONVILLE FL</b>			City & State <b>JACKSONVILLE FL</b>		
Zip <b>32257</b>			Zip <b>32257</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>59-3148106</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>WATSON, CROCKETT E. 11570 SAN JOSE BOULEVARD SUITE 13 JACKSONVILLE, FL 32223</b>			7. Name and Address of New Registered Agent Name <b>WATSON, CROCKETT E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10688 OLD ST AUGUSTINE ROAD</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32257</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CROCKETT E. 3547 EQUESTRIAN COURT JACKSONVILLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, KATHY H. 3547 EQUESTRIAN COURT JACKSONVILLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-7-04 (904) 262-9667</b> <small>Daytime Phone #</small>		

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