


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V66399	
1. Entity Name CROCKETT WATSON INSURANCE, INC.	

Principal Place of Business 10688 OLD ST AUGUSTINE ROAD SUITE 1 JACKSONVILLE FL 32257 US	Mailing Address 3547 EQUESTRIAN CT JACKSONVILLE FL 32223-3513 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E034 (10/05)
4. FEI Number 59-3148106	Applied For Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WATSON, CROCKETT E. 10688 OLD ST AUGUSTINE ROAD JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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	<small>Signature type as printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when re-registering)</small>	<small>DATE</small>
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
D	WATSON, CROCKETT E.
STREET ADDRESS	3547 EQUESTRIAN COURT
CITY- ST- ZIP	JACKSONVILLE FL
<input type="checkbox"/> Delete	
D	WATSON, KATHY H.
STREET ADDRESS	3547 EQUESTRIAN COURT
CITY- ST- ZIP	JACKSONVILLE FL
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
	U000000426524
STREET ADDRESS	02/20/06-80045-016 150.00
CITY- ST- ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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 1 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:	CROCKETT E. WATSON	2/8/06	904 635-7926
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	