

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66399

FILED
Apr 08, 2007
Secretary of State

Entity Name: CROCKETT WATSON INSURANCE, INC.

Current Principal Place of Business:

10688 OLD ST AUGUSTINE ROAD
SUITE 1
JACKSONVILLE, FL 32257 US

Current Mailing Address:

3547 EQUESTRIAN CT
JACKSONVILLE, FL 322233513 US

New Principal Place of Business:

9905 ST AUGUSTINE ROAD
SUITE 502
JACKSONVILLE, FL 32257 US

New Mailing Address:

3947 LIONHEART DRIVE
JACKSONVILLE, FL 322216 US

FEI Number: 59-3148106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, CROCKETT E.
10688 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

WATSON, CROCKETT E.
9905 ST AUGUSTINE ROAD
502
JACKSONVILLE, FL 32257 US

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: CROCKETT E. WATSON

04/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATSON, CROCKETT E.,
Address: 3547 EQUESTRIAN COURT
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: WATSON, KATHY H.,
Address: 3547 EQUESTRIAN COURT
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATSON, CROCKETT E.,
Address: 3947 LIONHEART DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change () Addition
Name: WATSON, KATHY H.,
Address: 3947 LIONHEART DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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: CROCKETT E. WATSON

D

04/08/2007

Electronic Signature of Signing Officer or Director

Date