2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# V66399

Entity Name: CROCKETT WATSON INSURANCE, INC.

Current Principal Place of Business:

9905 ST AUGUSTINE ROAD
SUITE 502
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

3947 LIONHEART DRIVE
JACKSONVILLE, FL 322216 US

New Mailing Address:

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.
9905 ST AUGUSTINE ROAD
502
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: CROCKETT E. WATSON PRES 04/05/2010

Electronic Signature of Signing Officer or Director Date