

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000013045

**Entity Name:** WATSON INSURANCE INC

**Current Principal Place of Business:**

6821 SOUTHPOINT DR N., #131  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6821 SOUTHPOINT DR N., #131  
JACKSONVILLE, FL 32216 US

**FEI Number:** 26-1855775

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WATSON, DOUGLAS R  
6821 SOUTHPOINT DR N #131  
JACKSONVILLE, FL 32216 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:** DOUGLAS R WATSON

04/13/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WATSON, DOUGLAS R  
Address 11246 CASTLEMAIN CIR N  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name WATSON, ROBYN I  
Address 11246 CASTLEMAIN CIR N  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DOUGLAS R WATSON

PRESIDENT

04/13/2019

Electronic Signature of Signing Officer/Director Detail

Date