

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000097120

**Entity Name:** CAROLYN DUKE WATSON INSURANCE, INC

**Current Principal Place of Business:**

1094 BLUE POND LANE  
PONCE DE LEON, FL 32455

**Current Mailing Address:**

1094 BLUE POND LANE  
PONCE DE LEON, FL 32455

**FEI Number:** 82-3687919

**Certificate of Status Desired:** No

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

WATSON, CAROLYN  
1094 BLUE POND LANE  
PONCE DE LEON, FL 32455 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WATSON, CAROLYN  
Address 1094 BLUE POND LANE  
City-State-Zip: PONCE DE LEON FL 32455

*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:** CAROLYN WATSON

P

04/21/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date