

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000096541

**Entity Name:** WATSEN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

316 NE 4TH STREET  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

316 NE 4TH STREET  
DELRAY BEACH, FL 33444

**FEI Number:** 65-0873856

**Certificate of Status Desired:** No

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

WATSEN, FRANCOIS  
316 NE 4TH STREET  
DELRAY BEACH, FL 33444 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 WATSEN, FRANCOIS  
Address 316 NE 4TH STREET  
City-State-Zip: DELRAY BEACH FL 33444

*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:** WATSEN FRANCOIS

**PRESIDENT**

**04/29/2015**

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

\_\_\_\_\_  
Date