

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000002132

**Entity Name:** KEITH WILSON AGENCY PA

**Current Principal Place of Business:**

20461 S TAMIAMI TRAIL #22  
ESTERO, FL 33928

**Current Mailing Address:**

20461 S TAMIAMI TRAIL #22  
ESTERO, FL 33928 US

**FEI Number:** 35-2314115

**Certificate of Status Desired:** No

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

WILSON, LINDA  
9250 TRIANA TERRACE  
UNIT 4  
FORT MYERS, FL 33913 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 PRES  
Name WILSON, WILLIAM  
Address 1627 N.E 17TH STREET CAPE CORAL  
FL 33909  
City-State-Zip: CAPE CORAL FL 33909

Title DIR  
Name WILSON, WILLIAM  
Address 20461 S TAMIAMI TRAIL #22  
City-State-Zip: ESTERO FL 33928

Title TRES  
Name WILSON, WILLIAM  
Address 1627 N.E 17TH STREET CAPE CORAL  
FL 33909  
UNIT 106  
City-State-Zip: CAPE CORAL FL 33909

Title PRES  
Name WILLIAM KEITH WILSON  
Address 20461 S TAMIAMI TRAIL #22  
City-State-Zip: ESTERO FL 33928

*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:** KEITH WILSON

**OWNER**

**02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date