

2022 FLORIDA PROFIT CORPORATION 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
9559 VIA LAGO WAY
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	12669 GEM STONE CT
City-State-Zip:	FORT MYERS FL 33913

Title	TRES
Name	WILSON, WILLIAM
Address	12669 GEM STONE CT
City-State-Zip:	FORT MYERS FL 33913

Title	SECT
Name	WILSON, KIMBERLY R
Address	12669 GEM STONE CT
City-State-Zip:	FORT MYERS FL 33913

Title	DIR
Name	WILSON, WILLIAM
Address	12669 GEM STONE CT
City-State-Zip:	FORT MYERS FL 33913

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: WILLIAM WILSON**OWNER****01/23/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date