

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000103266

Entity Name: KEYSTONE INSURANCE SERVICES, INC.**Current Principal Place of Business:**21301 POWERLINE ROAD
SUITE 312
BOCA RATON, FL 33433**Current Mailing Address:**21301 POWERLINE ROAD
SUITE 312
BOCA RATON, FL 33433**FEI Number:** 90-0920141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEER, JOSH
21301 POWERLINE ROAD
SUITE 312
BOCA RATON, FL 33433 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	PRESIDENT
Name	BEER, JOSHUA
Address	21301 POWERLINE ROAD SUITE 312
City-State-Zip:	BOCA RATON FL 33433

Title	VP
Name	MCCALEB, CHRISTOPHER R
Address	21301 POWERLINE ROAD SUITE 312
City-State-Zip:	BOCA RATON FL 33433

Title	VP
Name	MCCALEB, MELISSA
Address	21301 POWERLINE ROAD SUITE 312
City-State-Zip:	BOCA RATON FL 33433

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: JOSHUA BEER

PRES

02/01/2022

Electronic Signature of Signing Officer/Director Detail_____
Date