

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000002709

**Entity Name:** KEYSTAR, INC.

**Current Principal Place of Business:**

506 FLEMING ST  
KEY WEST, FL 33040

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC5582261575**

**Current Mailing Address:**

506 FLEMING STREET - C/O LUZ ARMENDARIZ  
KEY WEST, FL 33040 US

**FEI Number: 65-0866227**

**Certificate of Status Desired: No**

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

SPOTTSWOOD, ROBERT A  
506 FLEMING ST  
KEY WEST, FL 33040 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 DV  
Name SPOTTSWOOD, ROBERT A  
Address 506 FLEMING ST  
City-State-Zip: KEY WEST FL 33040

Title DPT  
Name SPOTTSWOOD, WILLIAM B  
Address 506 FLEMING ST  
City-State-Zip: KEY WEST FL 33040

Title DVS  
Name SPOTTSWOOD, JOHN MJR  
Address 506 FLEMING ST  
City-State-Zip: KEY WEST FL 33040

Title AS  
Name WEBB, ROBERT J  
Address 506 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name SPOTTSWOOD, CHARLES C  
Address 506 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title SENIOR VP  
Name MOORE, RANDY W  
Address 506 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

*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: ROBERT A SPOTTSWOOD**

**VICE PRESIDENT**

**04/30/2015**

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

\_\_\_\_\_  
Date