

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002709

Entity Name: KEYSTAR, INC.**Current Principal Place of Business:**506 FLEMING ST
KEY WEST, FL 33040**Current Mailing Address:**506 FLEMING STREET - C/O KENNETH DOOLEY
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 DIRECTOR, VP
Name SPOTTSWOOD, ROBERT A
Address 506 FLEMING ST
City-State-Zip: KEY WEST FL 33040

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

Title DIRECTOR, VP
Name SPOTTSWOOD, JOHN M JR.
Address 506 FLEMING ST
City-State-Zip: KEY WEST FL 33040

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

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

Title VP, SECRETARY
Name SPOTTSWOOD, WILLIAM B JR.
Address 506 FLEMING ST
City-State-Zip: KEY WEST FL 33040

Title VP
Name SPOTTSWOOD, ROBERT A JR.
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**DIRECTOR****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date