


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000002434</b> 1. Entity Name <b>KEYSTONE ADVANCE PLANNING, INC.</b>	
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Principal Place of Business <b>400 N. ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602 US</b>	Mailing Address <b>400 N. ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602 US</b>
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3507294</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VON HORN, BRENT N  
100 N. TAMPA ST., STE. 3100  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORN, ROBERT G 400 N. ASHLEY DR., #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TIDWELL, STEVEN A 400 N. ASHLEY DR., #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS PRICE, JAMES D 400 N. ASHLEY DR. #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SHAFFER, STEPHEN M 400 N. ASHLEY DR. #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS VON HORN, BRENT N 400 N. ASHLEY DR. #1900 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS HAYS, MICHAEL LEWIS 400 N. ASHLEY DR., #1900 TAMPA, FL 33602

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02/06/04-80036-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Brent N. VonHorn, SVP*

1-7-04

Date

813/225-4650

Daytime Phone #