


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000002434</b> 1. Entity Name <b>KEYSTONE ADVANCE PLANNING, INC.</b>	
--	---

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>
---	---



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3507294</b>	Applied For <b>Not Applicable</b>
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HORN, ROBERT G
STREET ADDRESS	400 N. ASHLEY DR., #1900
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	VST
NAME	TIDWELL, STEVEN A
STREET ADDRESS	400 N. ASHLEY DR., #1900
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	VAS
NAME	PRICE, JAMES D
STREET ADDRESS	400 N. ASHLEY DR. #1900
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	VAS
NAME	SHAFFER, STEPHEN M
STREET ADDRESS	400 N. ASHLEY DR. #1900
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	VAS
NAME	VON HORN, BRENT N
STREET ADDRESS	400 N. ASHLEY DR. #1900
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	SVPS
NAME	HAYS, MICHAEL LEWIS
STREET ADDRESS	400 N. ASHLEY DR., #1900
CITY-ST-ZIP	TAMPA, FL 33602

**DO NOT WRITE  
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:**  **4/4/05** **813/225-4650**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Brent N. Von Horn, SVP**