

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # G63034

1. Entity Name
KEYES CITY INSURANCE AGENCY, INC.



Principal Place of Business
**150 WESTWARD DR
MIAMI SPRINGS, FL 33166-5299 US**

Mailing Address
**372 MINOLA DR
MIAMI SPRINGS, FL 33166**



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2295742

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FIELDS, JC
372 MINOLA DR
MIAMI SPRINGS, FL 33166**

**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**

1000000123118
04/21/04-80058-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FIELDS, J. C.
STREET ADDRESS	372 MINOLA DRIVE
CITY - ST - ZIP	MIAMI SPRINGS, FL
TITLE	VD
NAME	STANLEY, DENNIS H.
STREET ADDRESS	5413 SW 137 CT.
CITY - ST - ZIP	MIAMI, FL
TITLE	SD
NAME	FIELDS, LYNN
STREET ADDRESS	372 MINOLA DR
CITY - ST - ZIP	MIAMI SPRINGS, FL 33166

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Date

Daytime Phone #

SECRETARY

4-14-04 305-888-8585