

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G63034

FILED
Apr 26, 2006
Secretary of State

Entity Name: KEYES CITY INSURANCE AGENCY, INC.

Current Principal Place of Business:

150 WESTWARD DR
MIAMI SPRINGS, FL 331665299 US

New Principal Place of Business:

Current Mailing Address:

372 MINOLA DR
MIAMI SPRINGS, FL 33166

New Mailing Address:

9035 SHORT CHIP CIRCLE
PORT SAINT LUCIE, FL 34986

FEI Number: 59-2295742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FIELDS, J. C.,
Address: 372 MINOLA DRIVE
City-St-Zip: MIAMI SPRINGS, FL

Title: VD () Delete
Name: STANLEY, DENNIS H.,
Address: 5413 SW 137 CT.
City-St-Zip: MIAMI, FL

Title: SD (X) Delete
Name: FIELDS, LYNN
Address: 372 MINOLA DR
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVD (X) Change () Addition
Name: LYNN FIELDS,
Address: 9035 SHORT CHIP CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNN FIELDS

SVD

04/26/2006

Electronic Signature of Signing Officer or Director

Date