

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000105194

1. Entity Name

KEYSTONE TITLE & ESCROW, INC.



Principal Place of Business

13499 BISCAYNE BLVD TOWER STE 3  
NORTH MIAMI, FL 33181

Mailing Address

13499 BISCAYNE BLVD TOWER STE 3  
NORTH MIAMI, FL 33181



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1446948

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SPRING, DOUGLAS  
13499 BISCAYNE BLVD TOWER STE 3  
NORTH MIAMI, FL 33181

**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

U000000130176  
04/26/04-80108-022 150.00

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME SPRING, DOUGLAS  
STREET ADDRESS 13499 BISCAYNE BLVD TOWER STE 3  
CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE  
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CITY-ST-ZIP

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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)(f), 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 #

DOUGLAS SPRING, PRES

4/21/04

305 945 4645