

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90197 015 \*\*\*150.00

**DOCUMENT # P03000084436**

1. Entity Name  
**KEYS INSURANCE SERVICES, INC.**



Principal Place of Business  
**5800 OVERSEAS HIGHWAY #43  
MARATHON, FL 33050**

Mailing Address  
**P.O. BOX 500280  
MARATHON, FL 33050**

**DO NOT WRITE IN THIS SPACE**



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**13-4259726**

Applied For
Not Applicable

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

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

**KIRWAN, DAVID P  
5800 OVERSEAS HIGHWAY #43  
MARATHON, FL 33050**

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	ROSIER, KATHLEEN VP
STREET ADDRESS	2285 ROYAL LANE
CITY - ST - ZIP	NAPLES, FL 34112
TITLE	PRES
NAME	MARTIN-VEGUE, DEREK PRES.
STREET ADDRESS	1800 MANOR LANE
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	EXVP
NAME	ROSIER, RICHARD R EX.VP
STREET ADDRESS	2285 ROYAL LANE
CITY - ST - ZIP	NAPLES, FL 34112
TITLE	VP
NAME	MARTIN-VEGUE, ANNE M VP
STREET ADDRESS	1800 MANOR LANE
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained 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 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 #

4/24/06 305 743-0494