

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

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



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4259726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEREK MARTIN-VEGUE
PRESIDENT 02/07/07 305/743-0494

Date

Daytime Phone #