

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000092135

1. Entity Name

KEYSTONE TITLE OF KEYSTONE HEIGHTS INC.



Principal Place of Business

420 SOUTH LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 US

Mailing Address

POST OFFICE BOX 2000
KEYSTONE HEIGHTS, FL 32656 US



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number

27-0065843

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

TAYLOR, JAMES J JR.
420 SOUTH LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656

**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	P,D	
NAME	TAYLOR, JAMES J JR.	
STREET ADDRESS	420 SOUTH LAWRENCE BLVD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	VP,D	
NAME	TAYLOR, MARY A	
STREET ADDRESS	420 SOUTH LAWRENCE BLVD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/18/06-80086-005 150.00

**DO NOT WRITE
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:

Mary A Taylor Mary A Taylor 2/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #