

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000130223

Entity Name: KEYSTONE STACOM, INC.

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1375 JACKSON ST., STE. 401  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

1375 JACKSON ST., STE. 401  
FT. MYERS, FL 33901

**New Mailing Address:**

FEI Number: 20-3506176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIPP, JANE  
1375 JACKSON STREET  
401  
FORT MYERS, FL 33901 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: SCHOLL, TOM  
Address: 1375 JACKSON ST., STE. 401  
City-St-Zip: FT. MYERS, FL 33901

Title: DPST  
Name: SCHOLL, TONY L  
Address: 1375 JAKSON ST, SUITE 401  
City-St-Zip: FORT MYERS, FL 33901

Title: DPST  
Name: SCHIPP, JANE  
Address: 1375 JACKSON STREET, SUTIE 401  
City-St-Zip: FORT MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: TOM SCHOLL

MR

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date