

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135327

FILED
Apr 16, 2009
Secretary of State

Entity Name: AMERICAN KEYSTONE INSURANCE COMPANY

Current Principal Place of Business:

816 A1A NORTH SUITE 301
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

816 A1A NORTH SUITE 301
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-5935917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, BRENNAN & BILLMEIER. P.A.
240 EAST 5TH AVENUE
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAWLEY, PHILIP C
Address: 117 CALLE NORTE
City-St-Zip: ST. AUGUSTINEEACH, FL 32095

Title: D () Delete
Name: LETSCHERT, TRUDO T
Address: 1650 CHAPLINE LANE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: TAYLOR, ROBERT M
Address: 611 MOURNING DOVE DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: HOWSON, BRUCE K
Address: 109 MARSH REED LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: CRATEM, MICHAEL R
Address: 3005 S. BEAUCLERC OAK DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUTTNER, EDWARD W
Address: 4664 CORRIENTIES CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE K HOWSON

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date