

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 07, 2011
Secretary of State

Entity Name: KEYSTONE HEIGHTS INSURANCE AGENCY, INC.

Current Principal Place of Business:

7388 SR 21
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

7388 STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656 US

Current Mailing Address:

PO BOX 216
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 26-0582308 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS, FL 32656 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: PR
Name: HAWKINS, THOMAS B
Address: 6412 COUNTY ROAD 214
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: SE
Name: HAWKINS, THOMAS B
Address: 6412 COUNTY ROAD 214
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: THOMAS B HAWKINS

PR

02/07/2011

Electronic Signature of Signing Officer or Director

Date