

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124907

FILED
Jan 16, 2009
Secretary of State

Entity Name: KEYSTONE INSURANCE AGENCY, INC.

Current Principal Place of Business:

30947 WESTCHESTER AVENUE
SORRENTO, FL 32776

New Principal Place of Business:

25444 SR 46
STE 1
MT PLYMOUTH, FL 32776

Current Mailing Address:

25444 SR 46 - STE. 1
MT. PLYMOUTH, FL 32776

New Mailing Address:

25444 SR 46
STE 1
MT PLYMOUTH, FL 32776

FEI Number: 83-0498120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNON, DANIEL J
30947 WESTCHESTER AVENUE
SORRENTO, FL 32776 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: DPT () Delete
Name: CANNON, DANIEL J
Address: 30947 WESTCHESTER AVENUE
City-St-Zip: SORRENTO, FL 32776

Title: DVS () Delete
Name: WALTERS, PHYLLIS G
Address: 30947 WESTCHESTER AVENUE
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PHYLLIS G. WALTERS

DVS

01/16/2009

Electronic Signature of Signing Officer or Director

Date