2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# P07000124907

Entity Name: KEYSTONE INSURANCE AGENCY, INC.

Current Principal Place of Business:

320 B WEST BURLEIGH BLVD.
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1285
TAVARES, FL 32778

New Mailing Address:

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:

CANNON, DANIEL J
25512 LIDO AVE
MOUNT PLYMOUTH, FL 32776 US

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: _____ 01/06/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: CANNON, DANIEL J PRES
Address: 25512 LIDO AVE
City-St-Zip: MOUNT PLYMOUTH, FL 32776 US

Title: DVS
Name: WALTERS, PHYLLIS G VP
Address: 25512 LIDO AVE
City-St-Zip: MOUNT PLYMOUTH, FL 32776 US

Title: DIR
Name: CANNON, FRANK J DIR
Address: 467 DENTON CT
City-St-Zip: LAKE MARY, FL 32746 US

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: PHYLLIS G. WALTERS VP 01/06/2012
Electronic Signature of Signing Officer or Director — Date