

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000005954

FILED
Feb 17, 2012
Secretary of State

Entity Name: KEY INSURANCE PLANS, INC.

Current Principal Place of Business:

5440 MARINER DR STE 101
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5440 MARINER DR STE 101
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-3075951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDKE, MICHAEL
100 N TAMPA ST STE 2200
TAMPA, FL 33602 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: PD
Name: FRIEMAN, BRUCE
Address: 9887 4TH STREET NORTH, SUITE 252
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD
Name: GRIFFIN, SUSAN
Address: 5440 MARINER DR STE 101
City-St-Zip: TAMPA, FL 33609

Title: TD
Name: CARPENTER, BRUCE
Address: 5440 MARINER DR STE 101
City-St-Zip: TAMPA, FL 33609

Title: D
Name: CONNOLLY, KAREN
Address: 5440 MARINER DR STE 101
City-St-Zip: TAMPA, FL 33609

Title: D
Name: MARTINEZ, ENOC S
Address: 5440 MARINER DR STE 101
City-St-Zip: TAMPA, FL 33609

Title: D
Name: ROQUETA, BARBARA
Address: 5440 MARINER DR STE 101
City-St-Zip: TAMPA, FL 33609

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: ENOC S MARTINEZ

D

02/17/2012

Electronic Signature of Signing Officer or Director

Date