

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90029 011 ***150.00

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1. Entity Name

KEYSTONE HEIGHTS INSURANCE, INC.



Principal Place of Business

176 S. LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 US

Mailing Address

P. O. BOX 216
KEYSTONE HEIGHTS, FL 32656 US

94031540



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1206515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUGUID, JAMES F JR
176 S LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUGUID, JAMES F JR
STREET ADDRESS	176 S LAWRENCE BLVD
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL
TITLE	Vice President
NAME	Virginia N. Robinson
STREET ADDRESS	176 Lawrence Avenue
CITY-ST-ZIP	Keystone Heights, Florida 32656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. F. Duguid Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 352 473 4881

Date

Daytime Phone #