

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90034 003 \*\*\*150.00

**DOCUMENT # P93000058028**

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**



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1206515**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**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, 2005 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	V
NAME	ROBINSON, VIRGINIA N
STREET ADDRESS	176 LAWRENCE AVE.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	Asst. Vice President
NAME	Charles Richardson
STREET ADDRESS	1313 Tiber Avenue
CITY-ST-ZIP	Jacksonville, Florida 32207
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JF DUGUID* **JF DUGUID** 3-28-05 352 4734881