

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000046523

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ROBERTS INSURANCE OF KEYSTONE HEIGHTS, INC.

**Current Principal Place of Business:**

333 LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 750  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

**FEI Number:** 59-3252824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARDY, DUDLEY P  
996 N TEMPLE AVE  
STARKE, FL 32091 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: VP  
Name: ROBERTS, GEORGE W JR  
Address: 4206 SE 1ST AVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: P  
Name: ROBERTS, C. SCOTT  
Address: 1317 CHATAUGUA WAY  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: C. SCOTT ROBERTS

P

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date