

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001271

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** KEYSER & WOODWARD, P.A.

**Current Principal Place of Business:**

501 ATLANTIC AVENUE  
INTERLACHEN, FL 32148 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 92  
INTERLACHEN, FL 32148

**New Mailing Address:**

**FEI Number:** 59-3349244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEYSER, TIMOTHY  
501 ATLANTIC AVENUE  
INTERLACHEN, FL 32148 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:** WOODWARD, MICHAEL W  
**Address:** 517 S FRANCIS STREET  
**City-St-Zip:** INTERLACHEN, FL 32148

**Title:** P  
**Name:** KEYSER, TIMOTHY  
**Address:** 211 POINT IDA DR.  
**City-St-Zip:** INTERLACHEN, FL 32148

**Title:** T  
**Name:** KEYSER, TIMOTHY  
**Address:** 211 POINT IDEA DR  
**City-St-Zip:** INTERLACHEN, FL 32148

**Title:** S  
**Name:** WOODWARD, MICHAEL W  
**Address:** 517 FRANCIS STREET  
**City-St-Zip:** INTERLACHEN, FL 32148

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:** TIMOTHY KEYSER

P

04/27/2012

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

\_\_\_\_\_  
Date