

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90028 040 \*\*\*158.75

**DOCUMENT # V14463**

1. Entity Name

KEYSTONE TITLE AGENCY, INC.



Principal Place of Business

10138 US 19  
PORT RICHEY FL 34668

Mailing Address

10138 US 19  
PORT RICHEY FL 34668

2. Principal Place of Business

9735 U.S. Hwy. 19

Suite, Apt. #, etc.

3. Mailing Address

9735 U.S. Hwy. 19

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-3105698

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DWYER, MARGARET L  
10138 US 19  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name DWYER, MARGARET L.

Street Address (P.O. Box Number is Not Acceptable)

9735 U.S. Hwy. 19

City PORT RICHEY

FL

Zip Code 34668

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V  
NAME PRINCE, HILDA ☐ Delete  
STREET ADDRESS 10138 US 19  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE PD  
NAME MOWRY, LORI ☐ Delete  
STREET ADDRESS 10138 US 19  
CITY-ST-ZIP PORT RICHEY FL

TITLE CEOD  
NAME DWYER, MARGARET ☐ Delete  
STREET ADDRESS 10138 US 19  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE STD  
NAME TUCKER, CHRISTINA ☐ Delete  
STREET ADDRESS 10138 US 19  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE V  
NAME PRIGEL, FRANK ☐ Delete  
STREET ADDRESS 10138 US 19  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE V  
NAME COCHRAN, JACQUELINE ☐ Delete ☒ Change  
STREET ADDRESS ~~10138 US 19~~ 9735 U.S. Hwy. 19  
CITY-ST-ZIP PORT RICHEY FL 34668

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition  
NAME Tronzeau, Cathy  
STREET ADDRESS 9735 US HWY 19  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE V ☒ Change ☐ Addition  
NAME PRINCE, HILDA  
STREET ADDRESS 9735 US HWY 19  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE PD ☒ Change ☐ Addition  
NAME MOWRY, LORI  
STREET ADDRESS 9735 US HWY 19  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE CEOD ☒ Change ☐ Addition  
NAME DWYER, MARGARET  
STREET ADDRESS 9735 US HWY 19  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE STD ☒ Change ☐ Addition  
NAME TUCKER, CHRISTINA  
STREET ADDRESS 9735 US HWY 19  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE V ☒ Change ☐ Addition  
NAME PRIGEL, FRANK  
STREET ADDRESS 9735 US HWY 19  
CITY-ST-ZIP PORT RICHEY, FL 34668

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 #