

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90205 038 ***158.75

DOCUMENT # V14463

1. Entity Name

KEYSTONE TITLE AGENCY, INC.



Principal Place of Business

9735 U.S. HWY 19
PORT RICHEY FL 34668

Mailing Address

9735 U.S. HWY 19
PORT RICHEY FL 34668



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3105698

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DWYER, MARGARET
9735 U.S. HWY. 19
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 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	<input type="checkbox"/> Delete
NAME	TRONGEAU, CATHY	
STREET ADDRESS	9735 U.S. HWY 19	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRINCE, HILDA	
STREET ADDRESS	9735 U.S. HWY 19	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOWRY, LORI	
STREET ADDRESS	9735 U.S. HWY 19	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	DWYER, MARGARET	
STREET ADDRESS	9735 U.S. HWY 19	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERRY, CHRISTINA	
STREET ADDRESS	9735 U.S. HWY 19	
CITY-STATE-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRIGEL, FRANK	
STREET ADDRESS	9735 U.S. HWY 19	
CITY-STATE-ZIP	PORT RICHEY FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCHRAN, JACKIE	
STREET ADDRESS	9735 U.S. HWY. 19	
CITY-STATE-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #