

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 044 ***158.75

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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 (10/07)

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ☐ Delete
NAME TRONGEAU, CATHY
STREET ADDRESS 9735 U.S. HWY 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE V ☐ Delete
NAME PRINCE, HILDA
STREET ADDRESS 9735 U.S. HWY 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE PD ☐ Delete
NAME MOWRY, LORI
STREET ADDRESS 9735 U.S. HWY 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE CEO ☐ Delete
NAME DWYER, MARGARET
STREET ADDRESS 9735 U.S. HWY 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE STD ☐ Delete
NAME BERRY, CHRISTINA
STREET ADDRESS 9735 U.S. HWY 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE V ☐ Delete
NAME PRIGEL, FRANK
STREET ADDRESS 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 COCHRAN, JACQUELINE
STREET ADDRESS 9735 U.S. HWY 19
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 #

4-17-2008