

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14463

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** KEYSTONE TITLE AGENCY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3105698      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DWYER, MARGARET  
9735 U.S. HWY. 19  
PORT RICHEY, FL 34668      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: V  
Name: TRONGEAU, CATHY  
Address: 9735 U.S. HWY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: V  
Name: COCHRAN, JACKIE  
Address: 9735 U.S. HWY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: PD  
Name: MOWRY, LORI  
Address: 9735 U.S. HWY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: CEOD  
Name: DWYER, MARGARET  
Address: 9735 U.S. HWY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: STD  
Name: BERRY, CHRISTINA  
Address: 9735 U.S. HWY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: V  
Name: PRIGEL, FRANK  
Address: 9735 U.S. HWY 19  
City-St-Zip: PORT RICHEY, FL 34668

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: CHRISTINA BERRY

STD

01/13/2011

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

\_\_\_\_\_  
Date