

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000045837

Entity Name: KEYSTONE INSURANCE COMPANY

Current Principal Place of Business:

8305 GUNN HWY
TAMPA, FL 33626

Current Mailing Address:

8305 GUNN HWY
TAMPA, FL 33626

FEI Number: 27-0267220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, DAVID L
8520 GOVERNMENT DR.,SUITE 2
NEW PORT RICHEY, FL 34654 US

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

Officer/Director Detail :

Title PRES
Name ANDERSON, SAMANTHA
Address 7507 HUMBOLDT AVE.
City-State-Zip: NEW PORT RICHEY FL 34655

Title PRESIDENT
Name ANDERSON, JASON
Address 7507 HUMBOLDT AVENUE
City-State-Zip: NEW PORT RICHEY FL 34655

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: JASON ANDERSON

PRESIDENT

03/08/2013

Electronic Signature of Signing Officer/Director Detail

Date