

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000003327

**Entity Name:** HALEY KEESLING INSURANCE, INC

**Current Principal Place of Business:**

9366 E. BURRO CT  
INVERNESS, FL 34450

**Current Mailing Address:**

9366 E. BURRO CT  
INVERNESS, FL 34450 US

**FEI Number:** 46-4481920

**Certificate of Status Desired:** No

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

KEESLING, HALEY C  
712 NE HIGHWAY 19  
CRYSTAL RIVER, FL 34429 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 P  
Name KEESLING, HALEY C  
Address 9366 E. BURRO  
City-State-Zip: INVERNESS FL 34450

Title VP  
Name KEESLING, ROSS M  
Address 9366 E. BURRO  
City-State-Zip: INVERNESS FL 34450

Title S  
Name KEESLING, HALEY C  
Address 9366 E. BURRO CT  
City-State-Zip: INVERNESS FL 34450

Title T  
Name KEESLING, ROSS M  
Address 9366 E. BURRO CT  
City-State-Zip: INVERNESS FL 34450

*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:** HALEY KEESLING

**PRESIDENT**

**04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date