

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000071241

Entity Name: NEWBERRY INSURANCE AGENCY INC.

Current Principal Place of Business:

1760 ELLINGTON ROAD
SOUTH WINDSOR, CT 06074

Current Mailing Address:

1760 ELLINGTON ROAD
SOUTH WINDSOR, CT 06074 US

FEI Number: 26-1710713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASSANELLI, ALAN E
6460 SE MARINER SANDS DR
STUART, FL 34997 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 SKAHAN, THOMAS J
Address 144 PINE HILL ROAD
City-State-Zip: TOLLAND CT 06084

Title CEO
Name CASSANELLI, ALAN E
Address 6460 SE MARINER SANDS DR
City-State-Zip: STUART FL 34997

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: THOMAS J. SKAHAN

PRESIDENT

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date