

**2015 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:** APPLIED FOR

**Certificate of Status Desired:** No

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

CASSANELLI, ALAN E  
9130 BAYBURY LN  
WEST PALM BEACH, FL 33411 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 9130 BAYBURY LN  
City-State-Zip: WEST PALM BEACH FL 33411

*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**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date