

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058985

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** DANNY QUILLEN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1324 16TH STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1770 33RD AVENUE  
VERO BEACH, FL 32960

**Current Mailing Address:**

1324 16TH STREET  
VERO BEACH, FL 32960

**New Mailing Address:**

1770 33RD AVENUE  
VERO BEACH, FL 32960

**FEI Number:** 36-4532880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

QUILLEN, DANNY H  
1324 16TH STREET  
VERO BEACH, FL 32960 US

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

QUILLEN, DANNY H  
1770 33RD AVENUE  
VERO BEACH, FL 32960 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

04/07/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: QUILLEN, DANNY H  
Address: 1770 33RD AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: VPSD  
Name: QUILLEN, JULIE A  
Address: 1770 33RD AVENUE  
City-St-Zip: VERO BEACH, FL 32960

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: DANNY H. QUILLEN, SR.

Electronic Signature of Signing Officer or Director

PSD

04/07/2012

Date