

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90016 006 ***158.75

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1. Entity Name
QUEST - INSURORS, INC.

Principal Place of Business
8910 NORTH DALE MABRY HIGHWAY
SUITE 9
TAMPA, FL 33614

Mailing Address
8910 NORTH DALE MABRY HIGHWAY
SUITE 9
TAMPA, FL 33614

40007890



2. Principal Place of Business
9874 W. LINEBAUGH AVE
Suite, Apt. #, etc.

3. Mailing Address
9874 W. LINEBAUGH AVE.
Suite, Apt. #, etc.

01192005 Chg-P CR2E034 (10/03)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
20-1425382

Applied For
Not Applicable

Zip
33626

Country
HILLSBOROUGH

Zip
33626

Country
HILLSBOROUGH

5. Certificate of Status Desired
X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNLEY, GEORGE W
8910 NORTH DALE MABRY HIGHWAY
SUITE 9
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name
GREEN, MICHAEL D.

Street Address (P.O. Box Number is Not Acceptable)
15511 N. FLORIDA AVE.

City
STE. D

City
TAMPA

FL

Zip Code
33613

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M. Green MICHAEL D. GREEN, ~~ASST.~~ TREAS. 1/20/05
Signature of person named name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CONNLEY, GEORGE W
STREET ADDRESS 8910 NORTH DALE MABRY HIGHWAY, STE 9
CITY-ST-ZIP TAMPA, FL 33614

TITLE VP ☐ Delete
NAME SIMPSON, DOUGLAS
STREET ADDRESS 8910 NORTH DALE MABRY HIGHWAY, STE 9
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Change ☐ Addition
NAME CONNLEY, GEORGE W.
STREET ADDRESS 9874 W. LINEBAUGH AVE.
CITY-ST-ZIP TAMPA, FL 33626

TITLE COO/ASST. S ☒ Change ☐ Addition
NAME SIMPSON, DOUGLAS
STREET ADDRESS 9874 W. LINEBAUGH AVE.
CITY-ST-ZIP TAMPA, FL 33626

TITLE T ☐ Change ☒ Addition
NAME GREEN, MICHAEL D.
STREET ADDRESS 9874 W. LINEBAUGH AVE.
CITY-ST-ZIP TAMPA, FL 33626

TITLE S ☐ Change ☒ Addition
NAME BARNETT, POLLY R.
STREET ADDRESS 9874 W. LINEBAUGH AVE.
CITY-ST-ZIP TAMPA, FL 33626

TITLE ASST. T ☐ Change ☒ Addition
NAME MILTON, MRYL
STREET ADDRESS 9874 W. LINEBAUGH AVE.
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas W. Simpson Douglas W. Simpson, Jr. 1/14/05 813 960-3555
Signature and typed or printed name of signing officer or director Date Daytime Phone #