

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110010

Entity Name: QUEST - INSURORS, INC.

FILED  
Jul 05, 2006  
Secretary of State

## Current Principal Place of Business:

9874 WEST LINEBAUGH AVENUE  
TAMPA, FL 33626

## New Principal Place of Business:

POST OFFICE BOX 271464  
TAMPA, FL 33688 US

## Current Mailing Address:

9874 WEST LINEBAUGH AVENUE  
TAMPA, FL 33626

## New Mailing Address:

POST OFFICE BOX 271464  
TAMPA, FL 33688 US

FEI Number: 20-1425382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREEN, MICHAEL D  
15511 NORTH FLORIDA AVENUE  
SUITE D  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

CONNLEY, GEORGE W  
16216 SIERRA DE AVILA  
TAMPA, FL 33613 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: GEORGE W. CONNLEY

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: CONNLEY, GEORGE W  
Address: 9874 WEST LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33626

Title: COAS (X) Delete  
Name: SIMPSON, DOUGLAS  
Address: 9874 WEST LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33626

Title: T (X) Delete  
Name: GREEN, MICHAEL  
Address: 9874 WEST LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33626

Title: S (X) Delete  
Name: BARNETT, POLLY R  
Address: 9874 WEST LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33626

Title: AT (X) Delete  
Name: MILTON, MRYL  
Address: 9874 WEST LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CONNLEY, GEORGE W  
Address: POST OFFICE BOX 271464  
City-St-Zip: TAMPA, FL 33688

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE W. CONNLEY

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07/05/2006

Electronic Signature of Signing Officer or Director

Date