

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099608

FILED  
Sep 01, 2009  
Secretary of State

Entity Name: A QUALITY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2124 AIRPORT ROAD SOUTH, #104  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

2124 AIRPORT ROAD SOUTH, #104  
NAPLES, FL 34112

**New Mailing Address:**

12215 COLLIER BLVD  
UNIT 11  
NAPLES, FL 34116

FEI Number: 20-5282135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VILLADA, SAMUEL H  
2124 AIRPORT ROAD SOUTH, #104  
NAPLES, FL 34112 US

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

DUFORT, ERNEST  
2124 AIRPORT ROAD SOUTH, #104  
NAPLES, FL 34112 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: ERNEST DUFORT

09/01/2009

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: PSTD ( ) Delete  
Name: VILLADA, SAMUEL H  
Address: 2124 AIRPORT ROAD SOUTH, #104  
City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: DUFORT, ERNEST  
Address: 2124 AIRPORT ROAD SOUTH, #104  
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Change (X) Addition  
Name: PIERRE, DOY  
Address: 2124 AIRPORT ROAD SOUTH # 104  
City-St-Zip: NAPLES, FL 34112

Title: SEC ( ) Change (X) Addition  
Name: BEAUPLAN, JEAN-CLAUDE  
Address: 2124 AIRPORT ROAD SOUTH # 104  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify 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: ERNEST DUFORT

PSTD

09/01/2009

Electronic Signature of Signing Officer or Director

Date