

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000049479

1. Entity Name
THERESE QUINN INSURANCE AGENCY, INC.



Principal Place of Business
**9436 ARLINGTON EXPR
JACKSONVILLE, FL 32225**

Mailing Address
**9436 ARLINGTON EXPR
JACKSONVILLE, FL 32225 US**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2184236

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALTERMAN, LEONARD
9116 CYPRESS GREEN DR
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed 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**

**000000248461
03/02/05-80032-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
QUINN, THERESE
9436 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 3225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Theresa Quinn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05
Date

904
724-6040
Daytime Phone #