

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000049479

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** THERESE QUINN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1944 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

1944 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 58-2184236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

ALTERMAN, LEONARD  
9218 CYPRESS GREEN DR  
SUITE 11  
JACKSONVILLE, FL 32256 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

01/12/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: QUINN, THERESE  
Address: 1944 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

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: THERESE QUINN

D

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date