# 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.

PRES

SIGNATURE: PATRICK QUINN
Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F12000002461

Entity Name: QUINN GROUP INSURANCE AGENCY, INC.

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

### Current Principal Place of Business:

223 MASSACHUSETTS AVENUE ARLINGTON, MA 02474

## **Current Mailing Address:**

223 MASSACHUSETTS AVENUE ARLINGTON, MA 02474

#### FEI Number: 04-3590741

Name and Address of Current Registered Agent:

QUINN, PATRICK 999 VANDERBILT BEACH ROAD SUITE 200 NAPLES, FL 34108 US

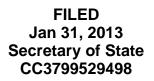
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PSTD	Title	VD
Name	QUINN, PATRICK J	Name	QUINN, AMY
Address	1 PARTRIDGE LANE	Address	1 PARTRIDGE LANE
City-State-Zip:	WINCHESTER MA 01890	City-State-Zip:	WINCHESTER MA 01890



Certificate of Status Desired: Yes

01/31/2013

Date

Date