


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # J55815 1. Entity Name COGGINS INSURANCE AGENCY, INC.	
---	---

Principal Place of Business 504 SO FAIRFIELD DR STE A1 PENSACOLA, FL 32506 US	Mailing Address PO BOX 3230 PENSACOLA, FL 32516 US
--	--



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2794695	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

COGGINS, JAMES A.
504 S. FAIRFIELD DR., SUITE A1
PENSACOLA, FL 32506

**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 _____ (NOTE: Registered Agent signature required when reselecting) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COGGINS, JAMES A. 504 S FAIRFIELD DR A-2 PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COGGINS, SONJA I. 504 S FAIRFIELD DR A-2 PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000495490
04/21/06-80012-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sonja I. Coggins 4-4-06 850-457-3299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #