

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55815

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: COGGINS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

504 SO FAIRFIELD DR  
STE A1  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3230  
PENSACOLA, FL 32516 US

**New Mailing Address:**

FEI Number: 59-2794695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

COGGINS, JOHN L  
504 S. FAIRFIELD DR., SUITE A1  
PENSACOLA, FL 32506 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: JOHN L COGGINS

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: COGGINS, JAMES A.  
Address: 504 S FAIRFIELD DR A-2  
City-St-Zip: PENSACOLA, FL 32506

Title: PD ( ) Delete  
Name: COGGINS, SONJA I.  
Address: 504 S FAIRFIELD DR A-2  
City-St-Zip: PENSACOLA, FL 32506

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

Title: VP/S (X) Change ( ) Addition  
Name: COGGINS, JOHN L  
Address: 4220 LANGLEY AVE  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SONJA I COGGINS

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date