

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55815

FILED
Mar 07, 2011
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:

PO BOX 3230
SHIP_TO_ADDRESS<>ADDRESS2
PENSACOLA, FL 32516 US

FEI Number: 59-2794695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGGINS, JOHN L
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
SHIP_TO_ADDRESS<>ADDRESS2
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:

Electronic Signature of Registered Agent

03/07/2011

Date

OFFICERS AND DIRECTORS:

Title: VP/S
Name: COGGINS, JOHN L
Address: 4220 LANGLEY AVE
City-St-Zip: PENSACOLA, FL 32504 US

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

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: SONJA I COGGINS

Electronic Signature of Signing Officer or Director

PRES

03/07/2011

Date