

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55815

FILED  
Jan 09, 2012  
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  
SHIP\_TO\_ADDRESS<>ADDRESS2  
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, JOHN L  
504 S. FAIRFIELD DR., SUITE A1  
SHIP\_TO\_ADDRESS<>ADDRESS2  
PENSACOLA, FL 32506 US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** COGGINS, GINA M  
**Address:** 4220 LANGLEY AVE  
**City-St-Zip:** PENSACOLA, FL 32504 US

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

**Title:** VP/S  
**Name:** COGGINS, JOHN L  
**Address:** 4220 LANGLEY AVE  
**City-St-Zip:** PENSACOLA, FL 32506 US

**Title:** D  
**Name:** COGGINS, JOHN L  
**Address:** 4220 LANGLEY AVE  
**City-St-Zip:** PENSACOLA, FL 32504 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

T

01/09/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date