

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J55815

**Entity Name:** COGGINS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

504 SO FAIRFIELD DR  
STE A1  
PENSACOLA, FL 32506

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC0573934872**

**Current Mailing Address:**

PO BOX 3230  
SHIP\_TO\_ADDRESS<>ADDRESS2  
PENSACOLA, FL 32516 US

**FEI Number: 59-2794695**

**Certificate of Status Desired: No**

**Name and Address of Current 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

Title VICE PRESIDENT  
Name COGGINS, SIERRA K  
Address 4220 LANGLEY AVE  
City-State-Zip: PENSACOLA FL 32504

*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**

**TREASURER**

**03/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date