

**2024 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**  
**Jan 04, 2024**  
**Secretary of State**  
**3946182556CC**

**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:** JOHN L COGGINS

01/04/2024

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

Title V/P  
Name COGGINS, SIERRA K  
Address 7637 WOOD STREAM DR  
City-State-Zip: PENSACOLA FL 32514

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

*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**

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date