

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 449524

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** COX & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

130 MARITIME DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. DRAWER 370  
WINTER PARK, FL 32790

**New Mailing Address:**

FEI Number: 59-1519691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

COX III, JOHN M.  
130 MARITIME DR.  
SANFORD, FL 32771      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: PD  
Name: COX III, JOHN M.  
Address: PO. DRAWER 370  
City-St-Zip: WINTER PARK, FL 32790

Title: VP  
Name: COX, JOHN M IV  
Address: P.O DRAWER 370  
City-St-Zip: WINTER PARK, FL 32790

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: JOHN M. COX III

PD

04/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date