2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003570

1. Entity Name
COBURN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
PO BOX 1000 COLCHESTER, VT 05446-000 US	PO BOX 1000 COLCHESTER, VT 05446-000 US

01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0259724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOLDUC, LYNN
4 FAIRGREEN AVENUE
NEW SMYRNA BEACH, FL 32168

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000193424
01/25/05-80060-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIGHT, WILLIAM S
STREET ADDRESS	KIBBE POINT RD
CITY-ST-ZIP	S HERO, VT 05486
TITLE	T
NAME	RAVLIN, LESTER D
STREET ADDRESS	MAQUAM SHORE RTE 36
CITY-ST-ZIP	ST ALBANS, VT 05478
TITLE	S
NAME	CALHOUN, PAUL
STREET ADDRESS	134 RICHFIELD LANE
CITY-ST-ZIP	COLCHESTER, VT 05446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #