

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H44240

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: COOK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

23 AVE D  
APALACHICOLA, FL 32320 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 128  
APALACHICOLA, FL 32329

**New Mailing Address:**

FEI Number: 59-2493309      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUTLER, DAVID K  
2856 HWY 98 E  
CARRABELLE, FL 32322

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: BUTLER, DAVID K  
Address: 2856 HWY 98 E  
City-St-Zip: CARRABELLE, FL 32322

Title: EVPT ( ) Delete  
Name: BUTLER, DENISE D  
Address: 145 N BAYSHORE DR  
City-St-Zip: EASTPOINT, FL 32328

Title: VP ( ) Delete  
Name: MILLER, JR., JAMES H  
Address: 44 SCHOOLHOUSE RD  
City-St-Zip: EASTPOINT, FL 32328

Title: D ( ) Delete  
Name: BUTLER, JOE W  
Address: 2290 LOUISIANA STREET  
City-St-Zip: LANARK VILLAGE, FL 32323

Title: D ( ) Delete  
Name: BUTLER, JOHN C  
Address: 145 N BAYSHORE DR  
City-St-Zip: EASTPOINT, FL 32328

Title: D ( ) Delete  
Name: CHOBBA, NANCY  
Address: 35 ISLAND DR  
City-St-Zip: EASTPOINT, FL 32328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CHOBBA, NANCY  
Address: 872 E PINE AVENUE  
City-St-Zip: ST GEORGE ISLAND, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID K BUTLER

PS

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date