

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H44240

FILED
Apr 29, 2005
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:

73 AVENUE E
APALACHICOLA, FL 32320 US

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 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

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: 872 E PINE AVENUE
City-St-Zip: ST GEORGE ISLAND, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BUTLER, DENISE D
Address: 145 N BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

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

Title: T (X) Change () Addition
Name: MATHES, JR, FRANKLIN J
Address: 702 GEORGIA AVENUE
City-St-Zip: CARRABELLE, FL 32322

Title: DS (X) Change () Addition
Name: BUTLER, DAVID K
Address: 2856 HWY 98 E
City-St-Zip: CARRABELLE, FL 32322

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

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

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: FRANKLIN J. MATHES, JR.

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04/29/2005

Electronic Signature of Signing Officer or Director

Date