

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H44240

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: COOK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

73 AVENUE E  
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 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: PD ( ) Delete  
Name: BUTLER, DENISE D  
Address: 145 N BAYSHORE DR  
City-St-Zip: EASTPOINT, FL 32328

Title: VP/D ( ) Delete  
Name: WALLACE, MARY E  
Address: 164 ANN CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T/D ( ) Delete  
Name: MATHES, JR, FRANKLIN J  
Address: 702 GEORGIA AVENUE  
City-St-Zip: CARRABELLE, FL 32322

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

Title: D ( ) Delete  
Name: BUTLER, JOHN C  
Address: 145 N BAYSHORE 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DENISE D. BUTLER

P/D

01/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date