2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 07, 2006 08:00 AM Secretary of State

$\neg \land$	\sim	IR A	 	IT #	J558	115
UU	U	нγ	\Box ()	[,,,,

1. Entity Name COGGINS INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

504 SO FAIRFIELD DR

PO 80X 3230

STE A1 PENSACOLA, FL 32506 US PENSACOLA, FL 32516 US

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2794695

01052006

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

COGGINS, JAMES A. 504 S. FAIRFIELD DR., SUITE A1 PENSACOLA, FL 32506

DO NOT WRITE IN THIS SPACE

				22.4	THIO OF ACE
8. The above the obligat	named entity submits this statement for the plants of registered agent.	surpose of changing its registers	ad office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and lifts i	(NOTE: Registered	S Agent signatur	a required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COGGINS, JAMES A. 504 S FAIRFIELD DR A-2 PENSACOLA, FL 32506				1388888498498498 134721786-8 <mark>8812-889 158,<i>8</i>0</mark>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COGGINS, SONJA I. 504 S FAIRFIELD DR A-2 PENSACOLA, FL 32506	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
HITLE NAME STREET ADDRESS CHY-SY-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: _

LONG L. COG CINE
STORATURE AND TYPED OR PRINTED HAMDOF JOHNIG OFFICER ON DIRECTOR

4-4-06

150-457-3299