

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90092 030 \*\*\*150.00

<b>DOCUMENT # J91130</b> 1. Entity Name <b>COEN INSURANCE AGENCY, INC</b>			
Principal Place of Business <b>8662 BRACKENWOOD DRIVE ORLANDO, FL 32829</b>		Mailing Address <b>8662 BRACKENWOOD DRIVE ORLANDO, FL 32829</b>	
2. Principal Place of Business <b>204 FARRINGTON LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>204 FARRINGTON LANE</b> Suite, Apt. #, etc.	
City & State <b>Kissimmee, FL</b> Zip <b>34744</b>		City & State <b>Kissimmee, FL</b> Zip <b>34744</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2837397</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COEN, JACK 8662 BRACKENWOOD DR. ORLANDO, FL 32829</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>204 FARRINGTON LANE</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34744</b>	
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 <u><i>Jack Coen</i></u> DATE <u>4/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COEN, JACK 8662 BRACKENWOOD DR. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JACK COEN 204 FARRINGTON LN Kissimmee, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COEN, JACK 8662 BRACKENWOOD DR. ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTINE BAKEWELL 204 FARRINGTON LANE Kissimmee, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COEN, SHIRLEY 8662 BRACKENWOOD DR. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHIRLEY COEN 204 FARRINGTON LN Kissimmee, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKEWELL, CHRISTINE 1200 GELWOOD AVE ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACK COEN 204 FARRINGTON LANE Kissimmee, FL 34744 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jack Coen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/19/04</u> Daytime Phone # <u>407-3482295</u>	