

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007552

FILED
Jan 17, 2005
Secretary of State

Entity Name: CONNIE CHILES-COOKE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1694 W. HIBISCUS BLVD
STE B
MELBOURNE, FL 329014

New Principal Place of Business:

1694 W. HIBISCUS BLVD
STE B
MELBOURNE, FL 32901

Current Mailing Address:

1694 W. HIBISCUS BLVD
STE B
MELBOURNE, FL 329014

New Mailing Address:

1694 W. HIBISCUS BLVD
STE B
MELBOURNE, FL 32901

FEI Number: 59-3622409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LYNNE R
529 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901 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: D () Delete
Name: CHILES-COOKE, CONNIE
Address: 1694 W. HIBISCUS BLVD STE B
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CONNIE CHILES-COOKE

OWNE

01/17/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date