

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007552

FILED
Jan 15, 2007
Secretary of State

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

Current Principal Place of Business:

1694 W. HIBISCUS BLVD
STE B
MELBOURNE, FL 32901

New Principal Place of Business:

2320 DAIRY ROAD
STE 102
WEST MELBOURNE, FL 32904

Current Mailing Address:

1694 W. HIBISCUS BLVD
STE B
MELBOURNE, FL 32901

New Mailing Address:

2320 DAIRY ROAD
STE 102
WEST MELBOURNE, FL 32904

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
386 DAYTON BLVD
MELBOURNE, FL 32904 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: D (X) Change () Addition
Name: CHILES-COOKE, CONNIE
Address: 2320 DAIRY ROAD SUITE 102
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNIE CHILES-COOKE

PRES

01/15/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date