

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053341

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: COX INSURANCE SERVICES, INC.

## Current Principal Place of Business:

4436 CORTEZ ROAD  
BRADENTON, FL 34210

## New Principal Place of Business:

## Current Mailing Address:

6715 70TH CT E  
BRADENTON, FL 34203

## New Mailing Address:

4768 COQUINA KEY DR SE  
SAINT PETERSBURG, FL 33705

FEI Number: 16-1666000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COX, WENDY  
4436 CORTEZ ROAD  
BRADENTON, FL 34210 US

## Name and Address of New Registered Agent:

COX, SLOAN  
4768 COQUINA KEY DR SE  
SAINT PETERSBURG, FL 33705 US

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: SLOAN COX

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COX, WENDY  
Address: 6715 70TH COURT E  
City-St-Zip: BRADENTON, FL 34203

Title: VPD ( ) Delete  
Name: COX, SLOAN  
Address: 6715 70TH COURT E  
City-St-Zip: BRADENTON, FL 34203

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COX, SLOAN  
Address: 4768 COQUINA KEY DR. SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VPD (X) Change ( ) Addition  
Name: COX, WENDY M  
Address: 6715 70TH COURT E  
City-St-Zip: BRADENTON, FL 34203

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: SLOAN COX

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date