2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019294

Entity Name: COPE INSURANCE AGENCY, CORP.

KISSIMMEE, FL 34746 US

City-St-Zip:

FILED Jun 17, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
1382 E VIN KISSIMME	NE ST E, FL 34744	US	1102 W VINE ST KISSIMMEE, FL 34741	US	
Current M	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
1382 E VIN KISSIMME	NE ST E, FL 34744	US	1102 W VINE ST KISSIMMEE, FL 34741	US	
FEI Number:	74-3201800	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
KISSIMME The above	AN MOUND TF E, FL 34746	ÜS	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () COPE, TIMOTH 2313 INDIAN M KISSIMMEE, FL	OUND TRAIL	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	VP (X) COPE, MARIA 2313 INDIAN M	Delete	Title: () Name: Address:	Change () Addition	

City-St-Zip:

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: TIM COPE PRES 06/17/2009