

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091495

Entity Name: VANCE COX INSURANCE, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

742 SE BAYA DRIVE  
SUITE 102  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

742 SE BAYA DRIVE  
SUITE 102  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 27-1293439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COX, VANCE E  
895 SW BROOKDALE DRIVE  
LAKE CITY, FL 32025 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COX, VANCE E  
Address: 895 SW BROOKDALE DRIVE  
City-St-Zip: LAKE CITY, FL 32025 US

Title: S/T  
Name: COX, KIMBERLY  
Address: 895 SW BROOKDALE DRIVE  
City-St-Zip: LAKE CITY, FL 32025 US

I hereby 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 all other like empowered.

SIGNATURE: VANCE COX

PRES

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date