
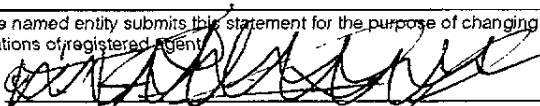


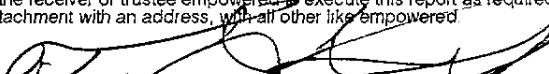
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 252310					
1. Entity Name T.C. COCHRAN PAINTING COMPANY, INC.					
Principal Place of Business 1451 EAST 8TH STREET JACKSONVILLE FL 32206			Mailing Address 1451 EAST 8TH STREET JACKSONVILLE FL 32206		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COCHRAN JR, T C 1451 E 8TH ST JACKSONVILLE FL 32206				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	COCHRAN, T.C. JR.			Change <input type="checkbox"/> Add <input type="checkbox"/>	
STREET ADDRESS	1451 E., 8TH STREET			U000000196045	
CITY- ST- ZIP	JACKSONVILLE FL			01/26/05-80054-007 150.00	
TITLE	V	Delete		Change <input type="checkbox"/> Add <input type="checkbox"/>	
NAME	COCHRAN, BRUCE C.				
STREET ADDRESS	1451 E., 8TH STREET				
CITY- ST- ZIP	JACKSONVILLE FL				
TITLE	ST	Delete		Change <input type="checkbox"/> Add <input type="checkbox"/>	
NAME	COCHRAN JR, T C				
STREET ADDRESS	1451 E., 8TH STREET				
CITY- ST- ZIP	JACKSONVILLE FL				
TITLE	D	Delete		Change <input type="checkbox"/> Add <input type="checkbox"/>	
NAME	COCHRAN JR, TC				
STREET ADDRESS	1451 E., 8TH STREET				
CITY- ST- ZIP	JACKSONVILLE FL				
TITLE		Delete		Change <input type="checkbox"/> Add <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		Delete		Change <input type="checkbox"/> Add <input type="checkbox"/>	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25, 2005

(904) 353-1622