# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # 252310**

1. Entity Name

T.C. COCHRAN PAINTING COMPANY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1451 EAST 8TH STREET<br>JACKSONVILLE FL 32206 | 1451 EAST 8TH STREET<br>JACKSONVILLE FL 32206 |

1st MOORE          CR2E034 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc |
| City & State | City & State |
| Zip | Country | Zip | Country |

4. FEI Number 59-0973360 — Applied For / Not Applicabl

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| COCHRAN JR,T C<br>1451 E 8TH ST<br>JACKSONVILLE FL 32206 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 acce; the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE

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**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **$5.00** May E
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| **TITLE** P<br>**NAME** COCHRAN, T.C. JR.<br>**STREET ADDRESS** 1451 E., 8TH STREET<br>**CITY-ST-ZIP** JACKSONVILLE FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Ad |
| **TITLE** V<br>**NAME** COCHRAN,BRUCE C.<br>**STREET ADDRESS** 1451 E., 8TH STREET<br>**CITY-ST-ZIP** JACKSONVILLE FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>I00000I39.2845<br>01/24/06 -80098-002 150.00 | ☐ Change  ☐ A |
| **TITLE** ST<br>**NAME** COCHRAN JR,T C<br>**STREET ADDRESS** 1451 E., 8TH STREET<br>**CITY-ST-ZIP** JACKSONVILLE FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ Ad |
| **TITLE** D<br>**NAME** COCHRAN JR, TC<br>**STREET ADDRESS** 1451 E., 8TH STREET<br>**CITY-ST-ZIP** JACKSONVILLE FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ A |
| **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ A |
| **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change  ☐ : |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 di 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 Blo if changed, or on an attachment with any address, with all other like empowered.

**SIGNATURE:** _____  January 17, 2006    904-353-162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #