


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 482606
 1. Entity Name
COCHRAN DEVELOPMENT CORP.



Principal Place of Business
**242 FIFTH AVE.
 INDIALANTIC, FL 32903**

Mailing Address
**PO BOX 33307
 INDIALANTIC, FL 32903**

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1623337 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**COCHRAN, ROBERT L., JR.
 106 7TH AVE
 INDIALANTIC, FL 32903**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCHRAN, ROBERT L. 207 RIVERSIDE DRIVE MELBOURNE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COCHRAN, EVA MAE 207 RIVERSIDE DRIVE MELBOURNE BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COCHRAN, ROBERT L. JR. 106 7TH AVE INDIALANTIC, FL
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eva Mae Cochran **EVA MAE COCHRAN** 4-7-04 321-723-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #