

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-04

321-723-0406

000000108923
04/12/04-80062-023 150.00