

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90040 038 \*\*\*150.00

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03302005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 482606</b>					
1. Entity Name <b>COCHRAN DEVELOPMENT CORP.</b>					
Principal Place of Business <b>242 FIFTH AVE. INDIALANTIC, FL 32903</b>			Mailing Address <b>PO BOX 33307 INDIALANTIC, FL 32903</b>		
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 <b>59-1623337</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COCHRAN, ROBERT L., JR. 106 7TH AVE INDIALANTIC, FL 32903</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>242 Fifth Ave.</b>		
			City <b>Indialantic</b> <b>FL</b> Zip Code <b>32903</b>		
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		<b>Robert L. Cochran, Jr.</b>		DATE <b>4/4/05</b>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COCHRAN, ROBERT L.</b>		NAME		
STREET ADDRESS	<b>207 RIVERSIDE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE BCH, FL</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COCHRAN, EVA MAE</b>		NAME		
STREET ADDRESS	<b>207 RIVERSIDE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MELBOURNE BCH, FL</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COCHRAN, ROBERT L JR.</b>		NAME		
STREET ADDRESS	<b>106 7TH AVE</b>		STREET ADDRESS	<b>242 Fifth Ave.</b>	
CITY-ST-ZIP	<b>INDIALANTIC, FL</b>		CITY-ST-ZIP	<b>Indialantic, FL 32903</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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		<b>Robert L. Cochran, Sr.</b>		DATE <b>4/4/05</b>	
				Daytime Phone # <b>321-723-0406</b>	