


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 482606**

1. Entity Name  
**COCHRAN DEVELOPMENT CORP.**



Principal Place of Business      Mailing Address

**242 FIFTH AVE.**      **PO BOX 33307**  
**INDIALANTIC, FL 32903**      **INDIALANTIC, FL 32903**

**DO NOT WRITE IN THIS SPACE**



03232006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**59-1623337**      Not Applicable

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

6. Name and Address of Current Registered Agent

**COCHRAN, ROBERT L., JR.**  
**242 FIFTH 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | COCHRAN, ROBERT L.    |
| STREET ADDRESS | 207 RIVERSIDE DRIVE   |
| CITY-ST-ZIP    | MELBOURNE BCH, FL     |
| TITLE          | ST                    |
| NAME           | COCHRAN, EVA MAE      |
| STREET ADDRESS | 207 RIVERSIDE DRIVE   |
| CITY-ST-ZIP    | MELBOURNE BCH, FL     |
| TITLE          | V                     |
| NAME           | COCHRAN, ROBERT L JR. |
| STREET ADDRESS | 242 FIFTH AVE         |
| CITY-ST-ZIP    | INDIALANTIC, FL 32903 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**DO NOT WRITE IN THIS SPACE**

00000491100  
 04/19/06-80008-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 507, 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: *Robert L. Cochran*      3-31-06      Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR