2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 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

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
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 _____
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, 2008 Fee will be $550.00

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

U00000934803
05/23/08-80047-008 150.00

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	
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 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 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 — 4-28-08 — 3217230406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #