

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 532207

1. Entity Name
PROFESSIONAL PROPERTIES OF BREVARD, INC.



Principal Place of Business
242 FIFTH AVENUE
INDIALANTIC, FL 32903

Mailing Address
P.O. BOX 33307
INDIALANTIC, FL 32903

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



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1775952

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
VP
COCHRAN, ROBERT L JR
106 7TH AVE
INDIALANTIC, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
COCHRAN, EVA MAE
207 RIVERSIDE DR
MELBOURNE BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COCHRAN, ROBERT L. SR.
207 RIVERSIDE DRIVE
MELBOURNE BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FISCHER, MICHAEL
200 ORLANDO BLVD
INDIALANTIC, FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000109920
04/12/04-80062-020 150.00

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:

Eva Mae Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04
Date

321-723-0406
Daytime Phone #