

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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**



03232006 No Chg-P CR2E034 (11/05)

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
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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
COCHRAN, ROBERT L JR
242 FIFTH AVE
INDIALANTIC, FL 32903**

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
**V
DAVIS, C. DARYL
428 VERACRUZ BLVD.
INDIALANTIC, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000491085
04/19/06-80008-005 150.00

**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:

Robert L. Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06

Date

Daytime Phone #