

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 560848 1. Entity Name COHRS ENTERPRISES, INC.		
Principal Place of Business 607 E. PLANTATIONS DR TITUSVILLE, FL 32780 US	Mailing Address 607 E. PLANTATIONS DR TITUSVILLE, FL 32780 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COHRS, ROBERT J 607 E. PLANTATION DR TITUSVILLE, FL 32780		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 reappointing)		
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	PT COHRS, ROBERT J 607 E. PLANTATION DR TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS COHRS, LOIS E. 607 E. PLANTATION DR TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01262006 No Chg-P CR2E034 (11/05)

4. Fbi Number 59-1797234	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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02/08/06-80029-004 150.00