

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 562534**

1. Entity Name  
**ATLANTIC ARCHITECT'S GROUP, INC.**



Principal Place of Business  
**242 5TH AVENUE  
INDIALANTIC, FL 32903**

Mailing Address  
**PO BOX 33307  
INDIALANTIC, FL 32903**

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1911669**

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  
**CD  
COCHRAN, ROBERT L  
207 RIVERSIDE DR  
MELBOURNE BEACH, FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MYERS, TERENCE, L  
504 INWOOD LANE  
INDIAN HARBOUR BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
COCHRAN, ROBERT L, JR.  
106 7TH AVE  
INDIALANTIC, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000103922  
04/12/04-80062-022 150.00

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* **EVA MAE COCHRAN** 4-7-04 321-723-0406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #