

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90039 047 \*\*\*150.00

**DOCUMENT # F04000004811**

1. Entity Name

**STEP UP ASSOCIATES, INCORPORATED**



Principal Place of Business

20300 CALICE COURT #1103  
ESTERO FL 33928

Mailing Address

20300 CALICE COURT #1103  
ESTERO FL 33928



2. Principal Place of Business

18961 KNOLL LANDING DR  
Suite, Apt. #, etc.

3. Mailing Address

18961 KNOLL LANDING DR  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

SAN CARLOS PARK, FL

City & State

SAN CARLOS PARK, FL

4. FEI Number

38-2310160

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

33908

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, LINDA S  
20300 CALICE COURT #1103  
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

18961 KNOLL LANDING DRIVE

City SAN CARLOS PARK

FL

Zip Code

33908-4759

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

*Linda S Cochran*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

2/1/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete  
NAME COCHRAN, LINDA S  
STREET ADDRESS 20300 CALICE COURT #1103  
CITY-ST-ZIP ESTERO FL 33928

TITLE DT ☐ Delete  
NAME COCHRAN, LESLIE H  
STREET ADDRESS 20300 CALICE COURT #1103  
CITY-ST-ZIP ESTERO FL 33928

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☒ Change ☐ Addition  
NAME LINDA S. COCHRAN  
STREET ADDRESS 18961 KNOLL LANDING DRIVE  
CITY-ST-ZIP SAN CARLOS PARK, FL 33908

TITLE DT ☒ Change ☐ Addition  
NAME LESLIE H. COCHRAN  
STREET ADDRESS 18961 KNOLL LANDING DRIVE  
CITY-ST-ZIP SAN CARLOS PARK, FL 33908

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

*Linda S Cochran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06 239-437-5004

Date

Daytime Phone #