

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90030 026 ***150.00

DOCUMENT # F44905*

1. Entity Name

COCHRAN BUILDING SUPPLY, INC.



Principal Place of Business

128 FIRST ST E
#203
SAINT PETERSBURG FL 33715
US

Mailing Address

128 FIRST ST E
#203
SAINT PETERSBURG FL 33715
US



2. Principal Place of Business

2940 Dogwood RD
Suite, Apt. #, etc.

3. Mailing Address

2940 Dogwood RD
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

59-2149075

Applied For

Not Applicable

Zip

34293

Country

USA

Zip

34293

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, WILLIAM E., JR.
128 FIRST STREET E #203
SAINT PETERSBURG FL 33715

7. Name and Address of New Registered Agent

Name OWENS, WILLIAM E., JR.
Street Address (P.O. Box Number is Not Acceptable)
2940 DOGWOOD RD
City VENICE FL Zip Code 34293

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 *William E Owens Jr*

WILLIAM E OWENS, JR.
PRESIDENT

Feb 21, 2006

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

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 PS
NAME OWENS, WILLIAM E JR
STREET ADDRESS 128 1ST ST E, # 203
CITY-ST-ZIP SAINT PETERSBURG FL 33715 ☐ Delete

TITLE T
NAME SMITH, CAROLYN O
STREET ADDRESS 2167 S. BALSAM CT
CITY-ST-ZIP LAKEWOOD CO 80227 ☐ Delete

TITLE VP
NAME SIMON, MARYANNE G
STREET ADDRESS 128 1ST ST E, # 203
CITY-ST-ZIP SAINT PETERSBURG FL 33715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ Addition
NAME OWENS, WILLIAM E. JR
STREET ADDRESS 2940 DOGWOOD RD
CITY-ST-ZIP VENICE, FL 34293

TITLE T ☒ Change ☐ Addition
NAME SMITH, CAROLYN O
STREET ADDRESS 13634 DEXTER ST
CITY-ST-ZIP THURNTON, CO 80602

TITLE VP ☒ Change ☐ Addition
NAME SIMON, MARYANNE, G
STREET ADDRESS 2940 DOGWOOD RD
CITY-ST-ZIP VENICE, FL 34293

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

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

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

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:

William E Owens Jr

WILLIAM E. OWENS, JR.
PRESIDENT

2/21/06 941-497 3654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #