

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED 2007

Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000005465

1. Entity Name
CANNON COCHRAN MANAGEMENT SERVICES, INC.



Principal Place of Business
2 EAST MAIN STREET
TOWNE CENTRE BLDG
DANVILLE, IL 61832

Mailing Address
2 EAST MAIN STREET
TOWNE CENTRE BLDG
DANVILLE, IL 61832



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE# Number
37-1057804

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COBD
NAME	THOMAS, GEORGE B
STREET ADDRESS	2701 WINDWARD BLVD
CITY-ST-ZIP	CHAMPAIGN, IL 61821
TITLE	COOD
NAME	GOLDEN, RODNEY J
STREET ADDRESS	3 W CONRON
CITY-ST-ZIP	DANVILLE, IL 61832
TITLE	SD
NAME	LUEBBERT, STEVEN F
STREET ADDRESS	638 SHERWOOD DR
CITY-ST-ZIP	WEBSTER GROVES, MO 63119
TITLE	TD
NAME	KLUTH, JOHN E II
STREET ADDRESS	2404 BRANCH ROAD
CITY-ST-ZIP	CHAMPAIGN, IL 61822
TITLE	D
NAME	NORENBERG, MARY
STREET ADDRESS	3129 GOLF CIRCLE
CITY-ST-ZIP	DANVILLE, IL 61832
TITLE	D
NAME	HENWOOD, DAVE
STREET ADDRESS	27 LAKESHORE RD
CITY-ST-ZIP	DANVILLE, IL 61832

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03/19/07-80020-014 150.00

**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:

Rodney J. Golden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07

Date

217-446-1089

Daytime Phone #