

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 040 ***150.00

DOCUMENT # H06531 1. Entity Name COCHRAN CONSTRUCTION & PAVING CO.					
Principal Place of Business ROUTE 2, BOX 132 LABELLE, FL 33935		Mailing Address ROUTE 2, BOX 132 LABELLE, FL 33935			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 132 POLLYWOG POINT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LABELLE FL		4. FEI Number 59-2411081	
Zip		Zip 33935		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COCHRAN, RONALD J. ROUTE 2, BOX 132 LABELLE, FL 33935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 132 POLLYWOG POINT City FL Zip Code	
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: <i>Sharon R. Cochran</i> <i>Sharon R. Cochran</i> <i>Secretary, Treas.</i> * <i>4/27/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COCHRAN, RONALD J. ROUTE 2, BOX 132 LABELLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COCHRAN, SHARON R. RTE. 2 BOX 132 LABELLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COCHRAN, KENNETH RT. 2, BOX 132 LABELLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Sharon R. Cochran</i> <i>Sharon R. Cochran</i> * <i>4/27/07</i> <i>(863) 2675-1363</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					