

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H17403

1. Entity Name
COCHRAN PROPERTIES, INC.



FILED
Aug 08, 2008 08:00 AM
Secretary of State

Principal Place of Business
**1149 N E 35TH STREET
P O BOX 1236
OCALA, FL 32678**

Mailing Address
**1149 N E 35TH STREET
P O BOX 1236
OCALA, FL 32678**



06112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2467299

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COCHRAN, JAMES E.
820 NE 63RD STREET
OCALA, FL 34479**

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000957420
08/08/08-80008-006 550.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COCHRAN, JAMES E
STREET ADDRESS	820 N E 63RD STREET
CITY-ST-ZIP	OCALA, FL
TITLE	S
NAME	COCHRAN, LISA MARIE
STREET ADDRESS	2141 NW 52ND ST.
CITY-ST-ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

James E Cochran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #