

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17403

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: COCHRAN PROPERTIES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

1149 N E 35TH STREET  
OCALA, FL 34479

## Current Mailing Address:

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

## New Mailing Address:

PO BOX 1236  
OCALA, FL 34478

FEI Number: 59-2467299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COCHRAN, JAMES E.  
Address: 820 N E 63RD STREET  
City-St-Zip: Ocala, FL

Title: S ( ) Delete  
Name: COCHRAN, LISA MARIE,  
Address: 2141 NW 52ND ST.  
City-St-Zip: Ocala, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: FREEMAN, SHAUN W.,  
Address: 13358 US 90 W  
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAUN FREEMAN

TREA

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date