

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17403

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: COCHRAN PROPERTIES, INC.

**Current Principal Place of Business:**

1149 N E 35TH STREET  
OCALA, FL 34479

**New Principal Place of Business:**

1102 HOWARD STREET EAST  
LIVE OAK, FL 32064

**Current Mailing Address:**

PO BOX 1236  
OCALA, FL 34478

**New Mailing Address:**

1102 HOWARD STREET EAST  
LIVE OAK, FL 32064

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:**

COCHRAN, JAMES  
1102 HOWARD STREET EAST  
LIVE OAK, FL 32064 US

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: JAMES COCHRAN

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COCHRAN, JAMES  
Address: 1102 HOWARD STREET EAST  
City-St-Zip: LIVE OAK, FL 32064

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

Title: T  
Name: FREEMAN, SHAUN W  
Address: 13358 US 90 W  
City-St-Zip: LIVE OAK, FL 32060

I hereby 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 all other like empowered.

SIGNATURE: JAMES COCHRAN

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date