

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H71371**

1. Entity Name  
**THE COCHRAN GROUP, INC.**



Principal Place of Business  
**242 FIFTH AVENUE  
INDIALANTIC, FL 32903**

Mailing Address  
**P O BOX 33307  
INDIALANTIC, FL 32903**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2619344**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COCHRAN, ROBERT L., JR.  
106 7TH AVE  
INDIALANTIC, FL 32903**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	COCHRAN, ROBERT L., SR.
STREET ADDRESS	207 RIVERSIDE DR.
CITY-ST-ZIP	MELBOURNE BEACH, FL
TITLE	VD
NAME	COCHRAN, ROBERT L., JR.
STREET ADDRESS	106 7TH AVE
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	TSD
NAME	COCHRAN, EVA MAE
STREET ADDRESS	207 RIVERSIDE DRIVE
CITY-ST-ZIP	MELBOURNE BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000109917  
04/12/04-80062-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Eva Mae Cochran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*EVA MAE COCHRAN* 4-7-04 321-723-0406  
Date Daytime Phone #