

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M69261

1. Entity Name
COCHRAN FOREST PRODUCTS, INC.



Principal Place of Business

**702 NE OKINAWA STREET
LAKE CITY, FL 32055**

Mailing Address

**PO BOX 1628
LAKE CITY, FL 32056**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2871932

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, J. R
C/O COCHRAN FOREST PROD.
702 NE OKINAWA STREET
LAKE CITY, FL 32055**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
COCHRAN, J R
4037 ST TERESA AVE
ST. TERESA, FL 32358**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
JONES, CARLTON A
1185 NW SCENIC LAKE DRIVE
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
COCHRAN, KARYL
4037 SAINT TERESA AVE
ST. TERESA, FL 32358**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000189927
01/24/05-80115-007 150.00

**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)(b), 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:

J. R. Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05
Date

386-752-0335
Daytime Phone #