

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2871932

Applied For
Not Applicable

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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COCHRAN, J R
STREET ADDRESS	4037 ST TERESA AVE
CITY-ST-ZIP	ST. TERESA, FL 32358
TITLE	VD
NAME	JONES, CARLTON A
STREET ADDRESS	1185 NW SCENIC LAKE DRIVE
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	STD
NAME	COCHRAN, KARYL
STREET ADDRESS	4037 SAINT TERESA AVE
CITY-ST-ZIP	ST. TERESA, FL 32358
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000844894
03/13/08-80017-010 150.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLTON A. JONES

Date

2-29-08 (386)752-0335

Daytime Phone #