

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030726

FILED
Apr 05, 2005
Secretary of State

Entity Name: COCHRAN INSURANCE, INC.

Current Principal Place of Business:

2447 N NARCOOSSEE RD
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

2447 N NARCOOSSEE RD
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 59-3719734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRAN, MARILYN M
2477 N NARCOOSSEE RD
ST CLOUD, FL 34771 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: D () Delete
Name: COCHRAN, MARILYN M
Address: 2447 N NARCOOSSEE RD
City-St-Zip: ST CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARILYN M COCHRAN

D

04/05/2005

Electronic Signature of Signing Officer or Director

Date