# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 28, 2012**
**Secretary of State**

DOCUMENT# P01000030726

**Entity Name:** COCHRAN INSURANCE, INC.

**Current Principal Place of Business:**

2015 13TH STREET
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

2015 13TH STREET
ST CLOUD, FL 34769

**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:**

MURPHY, JASON L
2015 13TH STREET
ST CLOUD, FL 34769 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

**OFFICERS AND DIRECTORS:**

Title: CEO
Name: COCHRAN, MARILYN B
Address: 2015 13TH STREET
City-St-Zip: ST CLOUD, FL 34769

Title: COO
Name: MURPHY, JASON L
Address: 2015 13TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

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: JASON L MURPHY COO 02/28/2012

Electronic Signature of Signing Officer or Director Date