2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# P01000086239

Entity Name: COCHRANE'S COLLISION CENTER, INC.

Current Principal Place of Business:

617473 BRANDIES AVENUE
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

617473 BRANDIES AVENUE
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 59-3741252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COCHRANE, WILLIAM N III
617473 BRANDIES AVENUE
CALLAHAN, FL 32011 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: P
Name: COCHRANE, WILLIAM N III
Address: 617473 BRANDIES AVENUE
City-St-Zip: CALLAHAN, FL 32011

Title: ST
Name: COCHRANE, MARTHA M
Address: 617473 BRANDIES AVENUE
City-St-Zip: CALLAHAN, FL 32011

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: MARTHA M. COCHRANE ST 02/08/2012

Electronic Signature of Signing Officer or Director Date