09/05/2004 17:15 2394580477 EDC SHARLEN

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State
09-13-2004 90007 032 ***158.75

DOCUMENT # P02000056734

1. Entity Name
COCHRAN FIRE PROTECTION, INC.

Principal Place of Business	Mailing Address
1704 NW 15TH AVENUE CAPE CORAL, FL 33993	1704 NW 15TH AVENUE CAPE CORAL, FL 33993

09062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1907 SE 5th AVE	P.O. BOX 152316
Suite, Apt. #, etc.	Suite, Apt. #, etc. CAPE CORAL, FL
City & State CAPE CORAL, FL	City & State
Zip 33990 Country LEE	Zip 33915 Country USA

4. FEI Number
75-3056594
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COCHRAN, RICHARD D 1704 NW 15TH AVENUE CAPE CORAL, FL 33993	Name: RICHARD D. COCHRAN Street Address (P.O. Box Number is Not Acceptable): 1907 SE 5th AVE City: CAPE CORAL FL Zip Code: 33990

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: Richard D Cochran 9-7-04
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
Due by September 6, 2004

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

In accordance with s. 607.193(2)(b), F.S., this corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COCHRAN, RICHARD D 1704 NW 15TH AVENUE CAPE CORAL, FL 33993	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COCHRAN, WILLIAM E 1704 NW 15TH AVENUE CAPE CORAL, FL 33993	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COCHRAN, SHARLENE J 1704 NW 15TH AVENUE CAPE CORAL, FL 33993	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAMUELS, WALTER 1704 NW 15TH AVENUE CAPE CORAL, FL 33993	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Richard D Cochran 9-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #