


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 08, 2006 08:00
Secretary of State

DOCUMENT # P02000056734	
1. Entity Name COCHRAN FIRE PROTECTION, INC.	

Principal Place of Business 1807 SE 5TH AVE CAPE CORAL, FL 33990	Mailing Address PO BOX 152316 CAPE CORAL, FL 33915
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COCHRAN, RICHARD D 1807 SE 5TH AVE CAPE CORAL, FL 33990



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3059594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 DATE 5-10-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCHRAN, RICHARD D 1704 NW 15TH AVENUE CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COCHRAN, WILLIAM E 1704 NW 15TH AVENUE CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000564039
05/20/06-80040-007 558.75

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 correct, and that my signature shall have the same legal effect as if made personally; 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 5-10-06 2395732080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #