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Secretary of State

05-05-2004 90247 046 ***150.00

5/5/

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66426529

DOCUMENT # P03000021840

1. Entity Name
W. H. COCHRANE, INC.

Principal Place of Business
630 105TH AVE N.
NAPLES, FL 34108

Mailing Address
630 105TH AVE N.
NAPLES, FL 34108

2. Principal Place of Business
1204 SW 38 Terr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State
Cape Coral fl

City & State

4. FEI Number 13-4238890 Applied For / Not Applicable

Zip 33914 Country Lee

Zip Country

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

6. Name and Address of Current Registered Agent

COCHRANE, WILLIAM H
630 105TH AVE N.
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 William H Cochrane 4-9-04

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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COCHRANE, WILLIAM H	NAME	
STREET ADDRESS	630 105TH AVE N.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAMMERS, DONNA	NAME	
STREET ADDRESS	630 105TH AVE N.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: William H Cochrane 4-9-04

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