

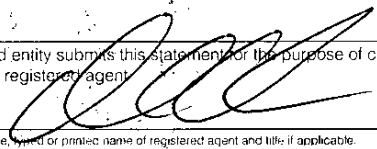
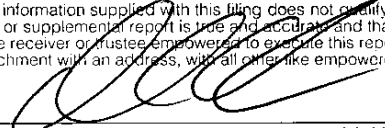


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90014 046 ***150.00

DOCUMENT # P03000099293 1. Entity Name DAVID COCHRAN CONSTRUCTION, INC.																										
Principal Place of Business 1512 CLARENDON AVENUE LAKELAND, FL 33803				Mailing Address PO BOX 91207 LAKELAND, FL 33804-1207																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																								
City & State Zip		City & State Zip		4. FEI Number 01-0802819																						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																						
6. Name and Address of Current Registered Agent HALLOCK, JR., DAVID D ONE LAKE MORTON DRIVE LAKELAND, FL 33801																										
7. Name and Address of New Registered Agent Name DAVID COCHRAN Street Address (P.O. Box Number is Not Acceptable) 1521 NEWPORT AVE. 1512 CLARENDON AVENUE City LAKELAND FL 33803																										
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:  DATE: 4-30-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>COCHRAN, DAVID</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1512 CLARENDON AVENUE</td> <td></td> </tr> <tr> <td></td> <td>LAKELAND, FL 33803</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	COCHRAN, DAVID		CITY-ST-ZIP	1512 CLARENDON AVENUE			LAKELAND, FL 33803		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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 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:  DAVID COCHRAN 4-30-08 863-581-5277 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										