

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90025 017 \*\*\*150.00

DOCUMENT # P03000104350

1. Entity Name

NEVILLE PETER PUBLISHING, INC.



Principal Place of Business

5104 N ORANGE BLOSSOM TR  
SUITE 121  
ORLANDO FL 32810

Mailing Address

5104 N ORANGE BLOSSOM TR  
SUITE 121  
ORLANDO FL 32810

2. Principal Place of Business

3878 N. Lake Orlando Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

3878 N. Lake Orlando Pkwy  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Orlando FL

City & State

Orlando FL

Zip  
32808

Country  
USA

Zip  
32808

Country  
USA

4. FEI Number

04-3774066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, ROBERT L  
5104 N ORANGE BLOSSOM TR  
SUITE 121  
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name Robert L. Cochran

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

3878 N. Lake Orlando Pkwy

City Orlando

FL

Zip Code 32808

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

*Robert L. Cochran*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PETER, NEVILLE  
STREET ADDRESS 5104 N ORANGE BLOSSOM TR SUITE 121  
CITY-ST-ZIP ORLANDO FL 32810

TITLE V ☐ Delete  
NAME COCHRAN, ROBERT L  
STREET ADDRESS 5104 N ORANGE BLOSSOM TR SUITE 121  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ST ☐ Delete  
NAME COCHRAN, SANEEN R  
STREET ADDRESS 5104 N ORANGE BLOSSOM TR SUITE 121  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Peter, Neville  
STREET ADDRESS 3878 N. Lake Orlando Pkwy  
CITY-ST-ZIP Orlando, FL 32808

TITLE V ☒ Change ☐ Addition  
NAME Cochran, Robert L  
STREET ADDRESS 3878 N. Lake Orlando Pkwy  
CITY-ST-ZIP Orlando, FL 32808

TITLE Secretary/Treasurer ☒ Change ☐ Addition  
NAME Cochran, Saneen R  
STREET ADDRESS 3878 N. Lake Orlando Pkwy  
CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Robert L. Cochran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05 (407) 290-8414

Date

Daytime Phone #