


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000110060	
1. Entity Name COCHRAN ELECTRIC ENTERPRISES, INC.	

Principal Place of Business 108 AKRON STREET FORT WALTON BEACH FL 32547 US	Mailing Address 108 AKRON STREET FORT WALTON BEACH FL 32547 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 57-1188553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COCHRAN, MYRTLE A 108 AKRON STREET FORT WALTON BEACH FL 32547	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Myrtle A. Cochran, Secretary/Treas. 4-6-05
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME COCHRAN, EDWARD F STREET ADDRESS 108 AKRON STREET CITY-ST-ZIP FORT WALTON BEACH FL 32547	TITLE U00000299403 04/11/05-80106-003 158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP <input type="checkbox"/> Delete	NAME COCHRAN, EDWARD F JR. STREET ADDRESS 701 VIOLA DRIVE CITY-ST-ZIP FORT WALTON BEACH FL 32547	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S/T <input type="checkbox"/> Delete	NAME COCHRAN, MYRTLE A STREET ADDRESS 108 AKRON STREET CITY-ST-ZIP FORT WALTON BEACH FL 32547	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Myrtle A. Cochran, Myrtle A. Cochran 4-6-05 850-862-8371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #