


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90012 024 \*\*\*158.75

**DOCUMENT # P03000110060**

1. Entity Name  
**COCHRAN ELECTRIC ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

108 AKRON STREET      108 AKRON STREET  
 FORT WALTON BEACH, FL 32547 US      FORT WALTON BEACH, FL 32547 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01192006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

57-1188553      Not Applicable

5. Certificate of Status Desired      \$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

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, Myrtle A. Cochran      1-16-06

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: P NAME: COCHRAN, EDWARD F STREET ADDRESS: 108 AKRON STREET CITY-ST-ZIP: FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: COCHRAN, EDWARD F JR. STREET ADDRESS: 701 VIOLA DRIVE CITY-ST-ZIP: FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete
TITLE: S/T NAME: COCHRAN, MYRTLE A STREET ADDRESS: 108 AKRON STREET CITY-ST-ZIP: FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/VP NAME: Cochran, Edward F., Jr. STREET ADDRESS: 701 Viola Drive CITY-ST-ZIP: Ft. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Myrtle A. Cochran, Myrtle A. Cochran      1-16-06      850-862-8371

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