

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar-05, 2007 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



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1188553

Applied For

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

2-28-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVP
NAME COCHRAN, EDWARD F JR
STREET ADDRESS 701 VIOLA DR
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE VP
NAME COCHRAN, EDWARD F JR.
STREET ADDRESS 701 VIOLA DRIVE
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE S/T
NAME COCHRAN, MYRTLE A
STREET ADDRESS 108 AKRON STREET
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE
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U00000654798
03/13/07-80078-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07

DATE

850-862-8371

Daytime Phone #