


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000110060</b> 1. Entity Name <b>COCHRAN ELECTRIC ENTERPRISES, INC.</b>	
---	---

Principal Place of Business <b>108 AKRON STREET FORT WALTON BEACH, FL 32547 US</b>	Mailing Address <b>108 AKRON STREET FORT WALTON BEACH, FL 32547 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  <b>COCHRAN, MYRTLE A 108 AKRON STREET FORT WALTON BEACH, FL 32547</b>
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000793893 01/25/08-80028-010 150.00</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP COCHRAN, EDWARD F JR 701 VIOLA DR FORT WALTON BEACH, FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COCHRAN, EDWARD F JR. 701 VIOLA DRIVE FORT WALTON BEACH, FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T COCHRAN, MYRTLE A 108 AKRON STREET FORT WALTON BEACH, FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 1-18-08 850-862-8371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #