


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90406 013 ***150.00

EPDVNF0U!\$ P04000167064 2/ Entity Name COCHRANE BUSINESS SERVICES, INC.					
Principal Place of Business 3910 ELM ST. ELLENTON, FL 34222 US			Mailing Address 3910 ELM ST. ELLENTON, FL 34222 US		
3/ Principal Place of Business Suite, Apt. #, etc.		4/ Mailing Address Suite, Apt. #, etc.		04252006 Di h.Q DS3F145J22016*	
City & State Zip		City & State Zip		5/ FEI Number 20-2016949 6/ Certificate of Status Desired <input type="checkbox"/> 9/86 Beejupobm Gf ISf r vj s e	
7/ Obn f lboelBee f t t lpgDvss ouSt hjt u f elBhf ou COCHRANE, COLETTE V 3910 ELM ST ELLENTON, FL 34222				8/ Obn f lboelBee f t t lpgOf x ISf hjt u f elBhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code	
9/ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		: / Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> 9/6/11 N bzICf I Beef elupIGf f t			
21/ OFFICERS AND DIRECTORS			22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME COCHRANE, COLETTE V STREET ADDRESS 3910 ELM ST CITY-ST-ZIP ELLENTON, FL 34222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VICE PRESIDENT NAME ROY COCHRANE STREET ADDRESS 3910 ELM ST CITY-ST-ZIP ELLENTON, FL 34222	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
23/ 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.					
T.JOBWVSF; <u>Colette Cochran</u> 4/24/05 941-400-3521 <small>T.JOBWVSFIBOENLZOFEP SKSLOUEJOBN FIPGT JOCHIPGDF SPISIE&FDUPS Date Daytime Phone #</small>					