

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 A
Secretary of State

DOCUMENT # P06000011945

1. Entity Name
SPENCE, COCHRAN, & ASSOCIATES, INC.



Principal Place of Business

PO BOX 236602
COCOA, FL 32923

Mailing Address

PO BOX 236602
COCOA, FL 32923

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4232976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCE-COCHRAN, KIMBERLY
3710 DETROIT STREET
COCOA, FL 32926

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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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000943499
05/29/08-80061-023 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SPENCE-COCHRAN, KIMBERLY
STREET ADDRESS 3710 DETROIT STREET
CITY-ST-ZIP COCOA, FL 32926

TITLE VP
NAME COCHRAN, MICHAEL A
STREET ADDRESS 3710 DETROIT STREET
CITY-ST-ZIP COCOA, FL 32926

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #