

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-14-2004 90002 022 ***150.00

DOCUMENT # P94000084713

1. Entity Name
COCHRAN ENTERPRISE SERVICES, INC.



Principal Place of Business
**9339 ARBOLITA WAY
JACKSONVILLE, FL 32256**

Mailing Address
**9339 ARBOLITA WAY
JACKSONVILLE, FL 32256**



06242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3280936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COCHRAN, LAURA
9339 ARBOLITA WAY
JACKSONVILLE, FL 32256**

**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 *Laura H. Cochran*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-10-04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COCHRAN, LAURA H
STREET ADDRESS	9339 ARBOLITA WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	
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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 exemption stated in Section 119.07(3)(i), 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: *Laura H. Cochran*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attachment
66434298

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 15, 2004

COCHRAN ENTERPRISE SERVICES, INC.
9339 ARBOLITA WAY
JACKSONVILLE, FL 32256

Subject: COCHRAN ENTERPRISE SERVICES, INC.

Reference Number: P94000084713

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al

ANNUAL REPORTS SECTION

Attachment 66434298
Evelyn Noel - Accountant # P94 000084713

MEMBER NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

3711 TROUT RIVER BLVD.
JACKSONVILLE, FLORIDA 32208
TELEPHONE 768-6486

June 24, 2004

State of Florida
P O Box 6198
Tallahassee, Florida 32314

re: Cochran Enterprises Inc
59-3280936

Gentlemen:

In reference to the above mentioned Corporation and in reference to the renewal of said Corporation, I received no notice for the renewal of the Corporation and during this time I was extra busy with some deaths in my family. I am enclosing a check to cover the renewal of this Corporation since I had not previously received notification.

Thankin you in advance I am.

Sincerely,

Laura H. Cochran

Mrs. Laura Cochran
9339 Arbolita Way
Jacksonville Fla 32256