


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90002 003 \*\*\*150.00

**DOCUMENT # 185766**  
 1. Entity Name  
**COCOA HILLS INC.**



**40031372**



Principal Place of Business      Mailing Address  
 2826 MONDAVI DR                      2826 MONDAVI DR  
 ROCKLEDGE, FL 32955-5186          ROCKLEDGE, FL 32955-5186

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

02072007      Chg-P                      CR2E034 (12/06)

4. FEI Number                      Applied For  
 59-0832687                      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 ANNIS, BETTY L  
 2826 MONDAVI DR  
 ROCKLEDGE, FL 32955-5186

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                                      **FL**      Zip Code

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 \_\_\_\_\_

**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	P	<input type="checkbox"/> Delete
NAME	ANNIS, BETTY	
STREET ADDRESS	2826 MONDAVI DR	
CITY-ST-ZIP	ROCKLEDGE, FL 329555816	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORRIS, DONNA	
STREET ADDRESS	5570 LANCASTER LN	
CITY-ST-ZIP	COMMERCE TOWNSHIP, MI 48382	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANNIS JR, A A	
STREET ADDRESS	590 MILFORD POINT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2817 mondavi Dr	
CITY-ST-ZIP	Rockledge FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Betty L Annis*      **3-5-07 321-636-1872**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #