



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 185766	
1. Entity Name COCOA HILLS INC.	

Principal Place of Business 2115 INDIAN RIVER DRIVE P.O. BOX 6 COCOA, FL 32923-0006	Mailing Address 2115 INDIAN RIVER DRIVE P.O. BOX 6 COCOA, FL 32923-0006
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DO NOT WRITE IN THIS SPACE

	
01132004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-0832687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANNIS, BETTY L 2115 INDIAN RIVER DRIVE COCOA, FL 32922
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
<small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000019966 01/29/04-80046-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANNIS, BETTY 2115 INDIAN RIVER DRIVE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, DONNA 1234 HARWOOD CIRCLE SALINE, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANNIS JR, A A 2115 INDIAN RIVER DRIVE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Betty L. Annis</i>	<i>1-26-04</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>
	<small>Daytime Phone #</small>