

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

02-11-2005 90028 025 ***150.00

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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66009098



01312005 No Chg-P CR2E034 (10/03)

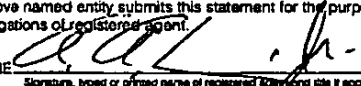
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0832687	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$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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**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.

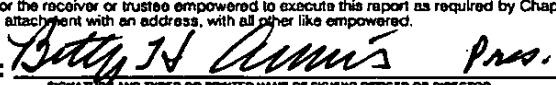
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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, J.R. A 2115 INDIAN RIVER DRIVE COCOA, FL
TITLE NAME STREET ADDRESS 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 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:  Pres. 3-31-05 636-1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #