

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90011 040 ***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		
2. Principal Place of Business 2826 Mondavi Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2826 Mondavi Drive <small>Suite, Apt. #, etc.</small>			
City & State Rockledge, FL		City & State Rockledge, FL		4. FEI Number 59-0832687	
Zip 32955-5186		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2826 Mondavi Drive City Rockledge FL Zip Code 32955-5186		
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. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANNIS, BETTY 2115 INDIAN RIVER DRIVE COCOA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2826 Mondavi Drive Rockledge, FL 32955-5186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, DONNA 1234 HARWOOD CIRCLE SALINE, MI	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5570 Lancaster Lane Commerce Twp, MI 48382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANNIS JR, A A 2115 INDIAN RIVER DRIVE COCOA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	590 Milford Point Merritt Island, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			2-17-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		