


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000020754 1. Entity Name COCC, INC.	
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Principal Place of Business 5843 VAN SIMMONS RD WAUCHULA, FL 33873	Mailing Address PO BOX 488 WAUCHULA, FL 33873
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01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1077699	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CARMICHAEL, KEVIN  
1395 PANTHER LANE, # 300  
NAPLES, FL 34109

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAGAN, PATRICIA 1018 MAUDE ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CARMICHAEL, KEVIN 1395 PANTHER LANE, #300 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11111111346524  
01/19/06-80002-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

Date

863-767-8903

Daytime Phone #