

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034904

Entity Name: TSI -- COCOA CORPORATION

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

9350 LAREDO AVE  
FORT MYERS, FL 33905

## New Principal Place of Business:

10030 BAVARIA RD  
FORT MYERS, FL 33913

## Current Mailing Address:

POST OFFICE BOX 50929  
FORT MYERS, FL 33994

## New Mailing Address:

10030 BAVARIA RD  
FORT MYERS, FL 33913

FEI Number: 59-2748152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLEMAN, CARL JOSEPH  
FOWLER WHITE BOGGS BANKER  
2201 SECOND STREET 5TH FLOOR  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAUDILL, GLENN E  
Address: POST OFFICE BOX 50929  
City-St-Zip: FORT MYERS, FL 33994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CAUDILL, GLENN E  
Address: 10030 BAVARIA RD  
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN E CAUDILL

D

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date