

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90303 001 \*\*\*900.00

**66013273**



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|--|---|---|
| <b>DOCUMENT # P05000128005</b>   |   |   |
| 1. Entity Name<br><b>THEOBROMA, INC.</b>   |   |   |
| Principal Place of Business<br><b>2024 SAN MARCO BOULEVARD<br/>JACKSONVILLE, FL 32207</b>  |   | Mailing Address<br><b>% ANSBACHER &amp; MCKEEL P.A.<br/>1301 RIVER PLCE BLVD 2450 RIVERPLCE V<br/>JACKSONVILLE, FL 32207-9047</b> |
| 2. Principal Place of Business - No P.O. Box #<br><b>1301 Riverplace Blvd</b>  |   | 3. Mailing Address  |
| Suite, Apt. #, etc.<br><b>Suite 1904</b>   |   |   |
| City & State<br><b>Jacksonville, FL</b>  |   | <b>Ansbacher &amp; McKeel, P.A.<br/>8818 Goodbys Executive Drive<br/>Jacksonville, Florida 32217</b>                              |
| Zip<br><b>32207</b>  | Country   |   |
| 6. Name and Address of Current Registered Agent  |   |   |
| <b>ANSBACHER &amp; MCKEEL, P.A.<br/>1301 RIVERPLACE BOULEVARD<br/>SUITE 2450<br/>JACKSONVILLE, FL 32207-9047</b>   |   |   |
| 7. Name and Address of New Registered Agent  |   |   |
| <b>Ansbacher &amp; McKeel, P.A.<br/>8818 Goodbys Executive Drive<br/>Jacksonville, Florida 32217</b>   |   |   |
| 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, from familiar with, and accept the obligations of registered agent.  |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   |   |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |   |
| 10. OFFICERS AND DIRECTORS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>LOCKWOOD, PHYLLIS<br>2024 SAN MARCO BOULEVARD<br>JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>GEIGER, HARRY L<br>2024 SAN MARCO BOULEVARD<br>JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>BEHRINGER, PETER<br>2024 SAN MARCO BOULEVARD<br>JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>Darby A. Weber<br>1301 Riverplace Blvd., Suite 1904<br>Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>Allison Behringer<br>1301 Riverplace Blvd., Suite 1904<br>Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br>Peter Behringer<br>1301 Riverplace Blvd., Suite 1904<br>Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |
| Date _____ Daytime Phone # _____   |   |   |