


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90401 038 ***150.00

DOCUMENT # P96000009907	
1. Entity Name C.O.C., INC.	

Principal Place of Business 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK FL 32789	Mailing Address 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK FL 32789
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2. Principal Place of Business 390 N. Orange Avenue Suite, Apt. #, etc. Suite 1500 City & State Orlando FL Zip 32801 Country	3. Mailing Address 390 N. Orange Avenue Suite, Apt. #, etc. Suite 1500 City & State Orlando FL Zip 32801 Country
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40057812



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3354481	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 WHITE, W. GRAHAM ESQ C/O WHWW P.A. 250 PARK AVE. S., 5TH FLOOR WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name White, W. Graham % WHWW Inc. Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue Suite 1500 City Orlando FL Zip Code 32801
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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 reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS BREMER, PAUL 16028 BOULDER RIDGE LANE GRASS LAKE, MI 49240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **4-15-06 734-368-5089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #