

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90040 012 \*\*\*150.00

**DOCUMENT # P96000038574**

1. Entity Name

HOT COCOA OF BREVARD, INC.



Principal Place of Business

1015 FLOTILLA CLUB DRIVE  
INDIAN HARBOR BEACH FL 32937  
US

Mailing Address

1015 FLOTILLA CLUB DRIVE  
INDIAN HARBOR BEACH FL 32937  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORIN, ILETA J  
1015 FLOTILLA CLUB DRIVE  
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☐ Delete  
NAME: JOSEPHS, JUDY  
STREET ADDRESS: 370 LAKEVIEW LANE  
CITY - ST - ZIP: PALM BAY FL 32909

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete  
NAME: TOOMEY, HAZEL  
STREET ADDRESS: 1515 SYKES CREEK  
CITY - ST - ZIP: MERRITT ISLAND FL 32953

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: TD ☐ Delete  
NAME: MORIN, JOYCE  
STREET ADDRESS: 1015 FLOTILLA CLUB DR  
CITY - ST - ZIP: INDIAN HARBOUR BEACH FL 32937

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete  
NAME: HOROWITZ, JERRY  
STREET ADDRESS: 240 MALAGA COURT  
CITY - ST - ZIP: MERRITT ISLAND FL 32953

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
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CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY - ST - ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Ileta J Morin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #