## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #459214**

1. Entity Name

WILLOW LAKE ESTATES, INC.



FILED Jan 14, 2008 08:00 Al Secretary of State

Principal Place of Business

285 N.E. 48TH STREET POMPANO BEACH, FL 33064

Mailing Address

285 N.E. 48TH STREET POMPANO BEACH, FL 33064



## DO NOT WRITE IN THIS SPACE

| 01092008      | No Chg-P | CR2E034 (11/05) |    |  |
|---------------|----------|-----------------|----|--|
|               |          |                 | _  |  |
| A CCINL makes |          | Annlied         | F. |  |

36-2525418 Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

DANCA, PAMÉLA R. 285 NÉ 48TH ST. POMPANO BCH., FL 33064

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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. If am familiar with, and accept the obligations of registered agent</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                            |                           |                                |                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|---------------------------|--------------------------------|-------------------------------------------|--|--|
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature, typed or printed name of registered agent and title i | applicable. (NOTE: Re                      | egistered Agent signature | required when reinstating)     | DATE                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00      | 9. Election Campaign<br>Trust Fund Contrib |                           | \$5.00 May Be<br>Added to Fees |                                           |  |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OFFICERS AND DIREC                                               | TORS                                       | T T                       |                                | <u> </u>                                  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PD<br>DANCA, REBA<br>285 NE 48TH ST.<br>POMPANO BCH., FL 33064   |                                            |                           |                                |                                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VSD<br>PAMELA DANCA<br>285 NE 48TH ST.<br>POMPANO BCH., FL 33064 |                                            |                           |                                | 000000782228<br>01/15/08-80065-018 150.00 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TD DENISE, MILLER 285 NE 48TH ST POMPANO BEACH, FL 33064         |                                            |                           | DO                             | NOT WRITE                                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                            |                           | IN                             | THIS SPACE                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                            | , "                       |                                |                                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                            |                           |                                |                                           |  |  |
| 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 otherwise empowered. |                                                                  |                                            |                           |                                |                                           |  |  |