


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90234 046 ***150.00

DOCUMENT # F02000003343	
1. Entity Name WILLOW WAY LAND DEVELOPMENT, INC.	

Principal Place of Business 4337 BOARDMAN-CANFIELD RD. CANFIELD, OH 44406	Mailing Address P.O. BOX 403 CANFIELD, OH 44406
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 10776 Summit DR Suite, Apt. #, etc.
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City & State CANFIELD OHIO	City & State CANFIELD OHIO
Zip 44406	Country



03282007 Chg-P CR2E034 (12/06)

4. FEI Number 34-1803457	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 BLANC, NANCY 2851 N.E. 60TH DRIVE FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P COSTELLO, TERRY 4337 BOARDMAN-CANFIELD RD. CANFIELD, OH 44406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, DINO 4337 BOARDMAN-CANFIELD RD. CANFIELD, OH 44406 <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:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #