

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K98802

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: HAND CRAFT CLEANER, INC.

## Current Principal Place of Business:

2485 MONUMENT RD  
STE - 1  
JACKSONVILLE, FL 32225 US

## New Principal Place of Business:

2771 MONUMENT RD  
STE - 24  
JACKSONVILLE, FL 32225 US

## Current Mailing Address:

2485 MONUMENT RD  
STE - 1  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

2771 MONUMENT RD  
STE - 24  
JACKSONVILLE, FL 32225 US

FEI Number: 59-2958391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELEFANT, FRED  
1650 PRUDENTIAL DR STE 105  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KOL, SOPHAL  
Address: 11302 MONUMENT LANDING BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: DVP ( ) Delete  
Name: KOL, NEARY  
Address: 11302 MONUMENT LANDING BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: KOL, NEARY  
Address: 11302 MONUMENT LANDING BLVD  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHAL KOL

DP

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date