

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000137013**

1. Entity Name  
**HAN MI OCALA, INC.**



Principal Place of Business  
**737 NE 36TH AVE  
OCALA FL 34470**

Mailing Address  
**737 NE 36TH AVE  
OCALA FL 34470**



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 **20-0426875**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIN, PHILLIS  
7086 S.E. 12TH CIRCLE  
OCALA FL 34480**

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 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 **\$5.00 May Be**  
Trust Fund Contribution. ☒ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SHIN, PHILLIS	
STREET ADDRESS	7086 SE 12TH CIR	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIN, MAN	
STREET ADDRESS	7086 SE 12TH CIR	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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NAME	
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CITY-ST-ZIP	

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01/26/07-80104-002 155.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #