

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90007 030 \*\*\*150.00

**DOCUMENT # P94000023279**

1. Entity Name  
WILLA CLEANERS, INC.



Principal Place of Business  
5711 RED BUG LAKE RD.  
WINTER SPRINGS, FL 32708

Mailing Address  
5711 RED BUG LAKE RD.  
WINTER SPRINGS, FL 32708

40040410



**DO NOT WRITE IN THIS SPACE**

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3291996

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PARK, SOO N  
5711 RED BUG LAKE RD.  
WINTER SPRINGS, FL 32708

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IN THIS SPACE**

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 re-registering)

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**

TITLE D  
NAME PARK, SOO N  
STREET ADDRESS 5711 RED BUG LAKE RD.  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D  
NAME PARK, BAE S  
STREET ADDRESS 5911 RED BUG LAKE RD  
CITY-ST-ZIP WINTER SPRINGS, FL 32908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Daytime Phone #)

*[Handwritten Signature]* 4/7/07 President 407-699-1050