

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000000746

1. Entity Name
A+ HANDYMAN, INC.



Principal Place of Business
181 SANDHURST
VENICE, FL 34293

Mailing Address
P.O. BOX 897
VENICE, FL 34284

2. Principal Place of Business

5034 SEAGRASS DR

Suite, Apt. #, etc.

3. Mailing Address

— SAME

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

— SAME

City & State

Zip

34293

Country

SARASOTA

Zip

SAME

Country

6. Name and Address of Current Registered Agent

REICHERT, RUSSEL & CO
181 SANDHURST
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name *REICHERT, RUSSEL*

Street Address (P.O. Box Number Is Not Acceptable)

5034 SEAGRASS DR

City

VENICE

FL

Zip Code *34293*

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 *Russel Reichert*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

1-14-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPVS
NAME REICHERT, RUSSEL
STREET ADDRESS 181 SANDHURST
CITY-ST-ZIP VENICE, FL 34293

Delete

TITLE T
NAME REICHERT, RUSSEL
STREET ADDRESS 181 SANDHURST
CITY-ST-ZIP VENICE, FL 34293

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Russel Reichert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Jan 19, 2006 8:00 am
Secretary of State**

01-19-2006 90066 044 ***158.75



01122006 Chg-P CR2E034 (11/05)

4. FEI Number

11-3686751

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name *REICHERT, RUSSEL*

Street Address (P.O. Box Number Is Not Acceptable)

5034 SEAGRASS DR

City

VENICE

FL

Zip Code *34293*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P/V/T/S REICHERT, RUSSEL 5034 SEAGRASS DR VENICE FLA 34293

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

1-14-06 941-493-3049
Date Daytime Phone #