

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-19-2006 90066 044 \*\*\*158.75

<b>DOCUMENT # F05000000746</b> 1. Entity Name <b>A+ HANDYMAN, INC.</b>																													
Principal Place of Business <b>181 SANDHURST</b> <b>VENICE, FL 34293</b>			Mailing Address <b>P.O. BOX 897</b> <b>VENICE, FL 34284</b>																										
2. Principal Place of Business <b>5034 SEAGRASS DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>- SAME</b> Suite, Apt. #, etc.																											
City & State <b>VENICE FL</b>		City & State <b>- SAME</b>		4. FEI Number <b>11-3686751</b>																									
Zip <b>34293</b>		Country <b>SARASOTA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>REICHERT, RUSSEL &amp; CO</b> <b>181 SANDHURST</b> <b>VENICE, FL 34293</b>			7. Name and Address of New Registered Agent Name <b>REICHERT, RUSSEL</b> Street Address (P.O. Box Number Is Not Acceptable) <b>5034 SEAGRASS DR</b> City <b>VENICE</b> <b>FL</b> Zip Code <b>34293</b>																										
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 <b>RUSSEL REICHERT</b> <span style="float: right;">1-14-06</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
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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.																													
<b>SIGNATURE:</b>			1-14-06 941-493-3049 <small>Date Daytime Phone #</small>																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													