

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02845

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** D. HANDS ENTERPRISES, INC.

**Current Principal Place of Business:**

2315 S. ATLANTIC AVE.  
DAYTONA BCH SHORES, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2315 S. ATLANTIC AVE.  
DAYTONA BCH SHORES, FL 32118

**New Mailing Address:**

FEI Number: 59-2848354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANDS, DAVID ALBERT  
3941 OAKCREST CIRCLE  
PORT ORANGE, FL 32129 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HANDS, DAVID ALBERT  
Address: 3941 OAKCREST CIRCLE  
City-St-Zip: PORT ORANGE, FL 32129

Title: SD  
Name: HANDS, LYNDA A  
Address: 3941 OAKCREST CIRCLE  
City-St-Zip: PORT ORANGE, FL 32129

I hereby 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 all other like empowered.

SIGNATURE: DAVID A. HANDS

PRES

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date