


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90013 020 ****55.00

DOCUMENT # L04000033430	
1. Entity Name EXTRA HANDS, LTD. CO.	

Principal Place of Business 2034 ESSEX DRIVE HOLIDAY FL 34691	Mailing Address 2034 ESSEX DRIVE HOLIDAY FL 34691
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2. Principal Place of Business 2504 Morning Glory Court Suite, Apt. #, etc.	3. Mailing Address 2504 Morning Glory Court Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State Holiday, FL	City & State Holiday, FL	4. FEI Number 42-1635177	Applied For <input type="checkbox"/> Not Applicable
Zip 34691	Country USA	Zip 34691	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent ROGERS, DOROTHY J 2034 ESSEX DRIVE HOLIDAY FL 34691		7. Name and Address of New Registered Agent Name Dorothy J. Rogers Street Address (P.O. Box Number is Not Acceptable) 2504 Morning Glory Court City Holiday FL Zip Code 34691	
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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 **DOROTHY J. ROGERS** *Dorothy J. Rogers* **4-20-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROGERS, JAMES F 2034 ESSEX DRIVE HOLIDAY FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROGERS, DOROTHY J 2034 ESSEX DRIVE HOLIDAY FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **DOROTHY J. ROGERS** *Dorothy J. Rogers* **4-20-05** **727-939-8915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #