

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017910

**FILED**  
**Aug 04, 2006**  
**Secretary of State**

**Entity Name:** GIBSON'S HANDYMAN SERVICE L.L.C.

**Current Principal Place of Business:**

3837 BLACKBERRY CIRCLE  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

2820 OLD CANOE CREEK ROAD  
ST. CLOUD, FL 34772

**Current Mailing Address:**

3837 BLACKBERRY CIRCLE  
ST. CLOUD, FL 34769

**New Mailing Address:**

2820 OLD CANOE CREEK ROAD  
ST. CLOUD, FL 34772

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GIBSON, DARRYLL A  
3837 BLACKBERRY CIRCLE  
ST. CLOUD, FL 34769    US

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

GIBSON, DARRYLL A  
2820 OLD CANOE CREEK ROAD  
ST. CLOUD, FL 34772    US

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: DARRYLL A. GIBSON

08/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            GIBSON, DARRYLL A  
Address:        3837 BLACKBERRY CIRCLE  
City-St-Zip:    ST. CLOUD, FL 34769

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            GIBSON, DARRYLL A  
Address:        2820 OLD CANOE CREEK ROAD  
City-St-Zip:    ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARRYLL A. GIBSON

OWN

08/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date