


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000074456</b> 1. Entity Name CJ'S HANDYMAN SERVICES LLC	
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Principal Place of Business 5717 THOMAS DRIVE UNIT 105 PANAMA CITY BEACH, FL 32408	Mailing Address 5717 THOMAS DRIVE UNIT 105 PANAMA CITY BEACH, FL 32408
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06012007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3249547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, CHARLES M 5717 THOMAS DRIVE UNIT 105 PANAMA CITY BEACH, FL 32408
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, CHARLES M 5717 THOMAS DRIVE, UNIT 105 PANAMA CITY BEACH, FL 32408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information indicated on this report is true and correct to the best of my knowledge and belief.	
<b>SIGNATURE:</b> _____ SIGNATURE AND TITLE	

UD00000765967  
06/06/07-80002-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

For the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief; that I am a managing member or manager of the limited liability company as required by Chapter 608, Florida Statutes.

5-30-07

850-866-3417

REPRESENTATIVE

Date

Daytime Phone #