

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90432 044 ****50.00

DOCUMENT # L0500Q097572	
1. Entity Name SCULLY'S HANDYMAN SERVICES LLC	

Principal Place of Business 8 SAN CARLOS DR GULFBREEZE FL 32561	Mailing Address 615 NIX RD PENSACOLA FL 32506
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2. Principal Place of Business 615 NIX RD Suite, Apt. #, etc.	3. Mailing Address 615 NIX RD Suite, Apt. #, etc.
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City & State PENSACOLA FL.	City & State PENSACOLA FL.
Zip 32506	Country U.S.A.

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

6. Name and Address of Current Registered Agent HAND, GAIL S 9525 MAIDSTONE MILL DR WEST JACKSONVILLE FL 32244
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME SCULLY, STANLEY T	
STREET ADDRESS 8 SAN CARLOS DR	
CITY-ST-ZIP GULFBREEZE FL 32561	
TITLE MGRM	<input type="checkbox"/> Delete
NAME HAND, GAIL S	
STREET ADDRESS 9525 MAIDSTONE MILL DR WEST	
CITY-ST-ZIP JACKSONVILLE FL 32244	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Stanley T. Scully **STANLEY T. SCULLY** 2/15/06 850-221-6203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #