

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L17763

1. Entity Name  
HANDICAPPED SALES WORKSHOP, INC.



FILED

07 MAR 28 AM 11:41

CLERK OF STATE  
TALLAHASSEE, FLORIDA



03262007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0145557

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASKINS, JESSICA  
2705 GATEWAY DR  
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name  
ELYSE LENIHAN  
Street Address (P.O. Box Number is Not Acceptable)  
2751 PALM AIRE DR N #210  
City  
POMPANO BEACH FL Zip Code  
33069

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 *Elyse Lenihan* ELYSE LENIHAN, PRESIDENT  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LENIHAN, ELYSE	
STREET ADDRESS	2751 PALM AIRE DR N #210	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS, JAMES	
STREET ADDRESS	9770 NW 47TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	V	<input type="checkbox"/> Delete
NAME	LENIHAN, JOSEPH G	
STREET ADDRESS	2751 PALM AIRE DR N #210	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PASKINS, JESSICA	
STREET ADDRESS	9014 TRADD STREET	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500096010505	
STREET ADDRESS	04/05/07--01049--021 **70.00	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Elyse Lenihan* ELYSE LENIHAN, PRESIDENT 3/26/07 9549731100  
Signature typed or printed name of signing officer or director Date Daytime Phone #