2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# N01000006380

Entity Name: HAND-N-HAND, INC.

Current Principal Place of Business:

112 AVENUE E S W
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P O BOX 7166
WINTER HAVEN, FL 338837166

New Mailing Address:

FEI Number: 59-3744175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, KARIN G
112 AVENUE E S W
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BACHMAN, LINDA K
Address: 357 WINTER RIDGE BLVD
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: CLAUSSEN, JAMES W
Address: 185 BROWNING CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: POWELL, LARRY A
Address: 708 SANTA MARIA DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete
Name: NELSON, KARIN G
Address: 236 HERNANDO RD S E
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: KING, NANCY
Address: 1004 SNIVELY BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: WATERS, JANE
Address: 682 AVE L S E
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN G NELSON T 02/10/2004
Electronic Signature of Signing Officer or Director — Date