


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000000946</b>		
1. Entity Name <b>HANDS ON HANDS, INC.</b>		

Principal Place of Business <b>90B SOMBRERO BEACH RD MARATHON, FL 33050</b>	Mailing Address <b>90B SOMBRERO BEACH RD MARATHON, FL 33050</b>
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2. Principal Place of Business		3. Mailing Address <b>Greenman &amp; Manz P.A.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>5800 Overseas Hwy #40</b>	
City & State		City & State <b>Marathon FL</b>	
Zip	Country	Zip	Country
		<b>33050</b>	<b>USA</b>


**FILED**

**05 OCT 14 11 10:45**

**SECRET**

**DATE**

**FILED**



09122005 Chg-NP CR2E037 (10/03)

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANKLIN D. GREENMAN, PA 5800 OVERSEAS HWY STE 40 MARATHON, FL 33050		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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.

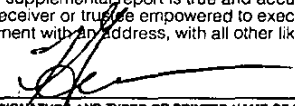
SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENMAN, FRANKLIN D	NAME	
STREET ADDRESS	90B SOMBRERO BEACH RD	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENMAN, JUDY B	NAME	
STREET ADDRESS	90B SOMBRERO BEACH RD	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENMAN, KELLEY	NAME	
STREET ADDRESS	90B SOMBRERO BEACH RD	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENMAN, SUSAN	NAME	
STREET ADDRESS	90B SOMBRERO BEACH RD	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENMAN, KATIE	NAME	
STREET ADDRESS	90B SOMBRERO BEACH RD	STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/12/05** Daytime Phone #