

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000000304

1. Entity Name
HIS HANDS EXTENDED, INC.



Principal Place of Business
**1730 J.A. FOREHAND
BONIFAY, FL 32425**

Mailing Address
**1730 J.A. FOREHAND
BONIFAY, FL 32425**

FILED
Feb 19, 2007 08:00 AM
Secretary of State



02152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3557282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARROLL, DONALD D
1730 J.A. FOREHAND
BONIFAY, FL 32425**

**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 Donald D Carroll

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARROLL, DONALD D 1730 J.A. FOREHAND BONIFAY, FL 32425
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, LYND A 1730 J.A. FOREHAND BONIFAY, FL 32425
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTLEY, SUZANNE 1730 J.A. FOREHAND BONIFAY, FL 32425
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U00000641756
03/01/07-80013-004 70.00

**DO NOT WRITE
IN THIS SPACE**

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 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

Donald D Carroll Pres

2/15/07 850-849-0252 cell

Date

Daytime Phone #