


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000087824
1. Entity Name
AN EXTRA SET OF HANDS, INC.



Principal Place of Business: 3515 SE HYDE CIRCLE, PORT ST LUCIE, FL 34984
Mailing Address: 3515 SE HYDE CIRCLE, PORT ST LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1041622 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
WALRO, JOHN
3515 SE HYDE CIRCLE
PORT SAINT LUCIE, FL 34984

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALRO, PATRICIA A
STREET ADDRESS	3515 SE HYDE CIRCLE
CITY - ST - ZIP	PORT ST LUCIE, FL 34984
TITLE	D
NAME	WALRO, JOHN A
STREET ADDRESS	3515 SE HYDE CIRCLE
CITY - ST - ZIP	PORT ST LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 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: John A. Walro John A. WALRO V.P. 7/7/04 (772) 336-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #