2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P00000098072

Entity Name: HANDEE TOOLS, INC.

Current Principal Place of Business:

2063 OLEVIA ST.
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

2063 OLEVIA ST.
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 58-2580348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARLINE, VANJANETTE C
2063 OLEVIA ST.
JACKSONVILLE, FL 32207 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARLINE, VAN JANETTE
Address: 2063 OLEVIA ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VO ( ) Delete
Name: GATES, ESA
Address: 5518 HORSESTALLE LAW
City-St-Zip: JACKSONVILLE, FL 32258

Title: V ( ) Delete
Name: GARNETT, SELMEA
Address: 5518 HORSESTALLE LAW
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: V ( ) Change (X) Addition
Name: CROSBY, WILLIE J JR.
Address: 8515 BEACH FERN LANE EAST
City-St-Zip: JACKSONVILLE, FL 32244

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANJANETTE ARLINE P 04/29/2005

Electronic Signature of Signing Officer or Director Date