FILED 2005 FOR PROFIT CORPORATION ANNUAL REPORT Mar 14, 2005 08:00 AM Secretary of State **DOCUMENT # P01000033490** HONEY DO HANDYMAN SERVICES OF NAPLES, INC. Mailing Address Principal Place of Business 632 2ND ST N.E. 632 2ND ST N.E. NAPLES, FL 34120 NAPLES, FL 34120 No Chg-P CR2E034 (10/03) 03102005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1097878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AMELL, JOSEPH 631 2ND ST N.E. NAPLES, FL 34120 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. asiah O ami ignature, typed or printed hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE AMELL, JOSEPH O JR NAME 631 2ND ST N.E. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34120 U00000262525 03/14/05-80055-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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.

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #