

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000078718 1. Entity Name MIKE'S HANDYMAN SERVICE, INC.	
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Principal Place of Business 704 FLORIDA AVENUE CLEARWATER, FL 33756	Mailing Address 704 FLORIDA AVENUE CLEARWATER, FL 33756
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02122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3744612	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOONEY, MICHAEL 704 FLORIDA AVENUE CLEARWATER, FL 33756

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PSD MOONEY, MICHAEL 704 FLORIDA AVENUE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARR-MOONEY, JEANETTE 704 FLORIDA AVENUE CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000435469 02/25/06-80042-025 150.00 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 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:  **2-11-06** **777-688-9184**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #