

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P01000115693

1. Entry Name
THE HANDYMAN LINK, INC.



Principal Place of Business
**4219 PENSACOLA AVE
ESTREO, FL 33928**

Mailing Address
**4219 PENSACOLA AVE
ESTREO, FL 33928**

DO NOT WRITE IN THIS SPACE



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1159531

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUZOR, MICHAEL
4219 PENSACOLA AVENUE
ESTREO, FL 33928**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUZOR, MICHAEL
STREET ADDRESS	4219 PENSACOLA AVENUE
CITY-ST-ZIP	ESTREO, FL 33928

TITLE	D
NAME	SUZOR, DAWN
STREET ADDRESS	4219 PENSACOLA AVE
CITY-ST-ZIP	ESTREO, FL 33928

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000740240
05/14/07-80059-007-150.00

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: _____

Michael R. Suzor
MICHAEL R. SUZOR

4-23-07 (239) 415-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #