


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000099979</b> 1. Entity Name <b>HANDLEY GROUP, INC.</b>	
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Principal Place of Business <b>215 RIO VILLA DR SUITE 3411 PUNTA GORDA, FL 33950</b>	Mailing Address <b>PO BOX 51-0210 PUNTA GORDA, FL 33951</b>
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**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>37-1442205</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HANDLEY, M.L.  
215 RIO VILLA DR  
SUITE 3411  
PUNTA GORDA, FL 33950**

**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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANDLEY, M.L. 215 RIO VILLA DR SUITE 3411 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANDLEY, JACK L 3730 TRIPOLI BLVD. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/11/08-80028-001 150.00

**DO NOT WRITE  
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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:**  **1/7/08 941-639-4936**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #