## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State **DODE OF THE POSITION <b>POSITION POSITION <b>POSITION POSITION PO** 1. Entity Name 05-03-2004 90439 012 \*\*\*150.00 J W HANDYMAN, INC. Principal Place of Business Mailing Address 1468 MANGONIA DR N 1468 MANGONIA DR N W PALM BCH, FL 33401 W PALM BCH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 מוחחת ה City & State Applied For City & State 4. FEI Number 30-0197841 Not Applicable Zip Country Country **\$8.75** 000**000**000 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATKINS, JAMES D Street Address (P.O. Box Number is Not Acceptable) 1468 MANGONIA DR W PALM BCH, FL 33401 Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** o aomoo П Trust Fund Contribution. 0000000000000 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition Change NAME WATKINS, JAMES D STREET ADDRESS 1468 MANGONIA DR N STREET ADDRESS CITY-ST-ZIF W PALM BCH, FL 33401 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED