## 2604 FOR PROFIT CORPORATION ANNUAL REPORT

## FION 5/5/2004-90210-029-\$150.00-\$150.00

ANNUAL KEPOKI									en ED			
DOCUMENT # P03000058273								FILED 04 JUN -3 AM 3: 09				
1. Entity Name HANDI-HOUSE OF STARKE, INC.								06 3	JM -3 P.M	3.0	,	
Dispinal Steen	-10			W 4 day		100		آبائاں	ctians di Allissee,	FLORI	ΑĞ	
Principal Place of Business 1670 SOUTH WALNUT STREET			16	Malling Address 1670 SOUTH WALNUT STREET			1.121	Bitmor		VILZI		
STARKE, FL 32091				STARKE, FL 32091 * '				1 (BEHEN)   8 E	Di Se iliii Sein een een	. <b></b>	1 <b>8150 (1811) (1809)</b> 1617	ndi in itali
2. Principal Place of Business			3. N	3. Mailing Address								
Suite, Apt. #, etc			s	Suite, Apt. #, etc.			04262004	Chg-P	CR2E	034 (10/03)	•	
City & State			(	City & State				4. FEI Number	Applied For Not Applicable			
Zip	Zip Country			Zip Cour			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	ered Agent	Agent			7. Name and	Address of New R	egistered	Agent				
Name										· · · · · · · · · · · · · · · ·		
-DRUMMOND, DONALD L.E.A. 103 EDWARDS ROAD STARKE, FL 32091				<del></del>	Street Address			P.O. Box Numbe	Is Not Acceptable	))- ———		
3							.,		·			
						City				F		
		ty submits this statement tered agent.	t for the p	urpose of changing its	register	ed office or	register	ed agent, or both	n, in the State of Flo	xida. 1an	n familiar with, a	and accept
SIGNATURE	<u>,                                      </u>	<u> </u>				<del></del>						[
	Signali ze, typer	or printed nume of registered as	ent and title i	rapplicable. (NOT)	E: Registere	ed Agent signatu	se tecinted	when reinstating)	<u> </u>	DATE		
FILI After Ma	E NOW!!! By 1, 200	FEE IS \$150.00 4 Fee will be \$55	0.00	<ol><li>Election Campaint Trust Fund Cont</li></ol>			<b>\$5.</b> Add	.00 May Be ed to Fees				
10.	_	OFFICERS A	ND DIREC	TORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	ID DIRECTORS	N 11
TITLE	D			☐ Delete	TITL	_	P	/	- ما که دی این	Ø	Change	☐ Addition }
NAME STREET ADDRESS	CHANNELL, CHRISTINA M				NAM	ke Eet address	Ω'n	annell, C	JUNE LIVE	•••	•	İ
CITY-ST-ZIP	SS   5851 WHITE SANDS ROAD   KEYSTONE HEIGTS, FL 32656		56			r-ST-ZIP	150	). Dog 11	hnistine no -1 3209			
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STREET ADDRESS						EET ADDRESS						
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NAME				<u></u>	NAA	AE	ļ					
STREET ADDRESS CITY-ST-ZIP						eet address Y-51-21P						
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NAME execut adopted					HAJ							
STREET ADDRESS CITY-ST-ZIP	4					REET ADDRESS Y+S1-ZIP						
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12. I hereby certify that the information supplied with the filling 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 supplier pental report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the reference of trustee in powered 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:

SIGNATURE AND SYPER OF PREDER NAME OF CHIMING OFFICER OR DIRECTOR

112x/my

Daylime Phone #