


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/9/2004-90027-036-\$150.00-\$150.00

FILED

04 JUL 23 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000087042			
1. Entity Name DA KAJN HANDEMAN, INC.			
Principal Place of Business 5433 ESSEX AVE. APT. 2 GULFPORT, FL 33707		Mailing Address 5433 ESSEX AVE. APT. 2 GULFPORT, FL 33707	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TALDONE, NICHOLAS 2536 COUNTRYSIDE BOULEVARD, FIRST FLOOR CLEARWATER, FL 33753		7. Name and Address of New Registered Agent Name: <u>RANDY SMITH</u> Street Address (P.O. Box Number is Not Acceptable): <u>5433 ESSEX AVE. Apt. 2</u> City: <u>GULFPORT</u> FL Zip Code: <u>33707</u>	
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: <u>RANDY J. SMITH</u> OWNER/CEO DATE: <u>03-31-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT AND DIRECTOR</u> <input type="checkbox"/> Delete <u>RANDY SMITH</u> <u>5433 ESSEX AVE. Apt. 2</u> <u>GULFPORT FL 33707</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Randy J. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>03-31-04</u> <u>727-460-6206</u> <small>Daytime Phone #</small>	