2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114237

1. Entity Name LEONARD'S HANDYMAN SERVICE, INC.



FILED Feb 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

C/O BRYN MAWR OCEAN RESORTS 4850 ALA SOUTH STE 102 ST AUGUSTINE, FL 32080 1960 US 1 SOUTH BOX 107 ST AUGUSTINE, FL 32086

(P03000114237P)

DO NOT WRITE IN THIS SPACE

07135001	No Lng+P	CRZ	EU34 (11/	uo)
4. FEI Number				Applied For
20-0284873			Not Applic ab	
5. Cerificate o	f Status Desired		\$8.75	Additional

6. Name and Address of Current Registered Agent

LEONARD, ROBERT J C/O BRYN MAWR OCEAN RESORTS 4850 A1A SOUTH STE 102 ST AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agentand title t	appit able. [NOTE: Registared Agents	gnature required when reinstating)	DA FE	
	E NOW!!! FEE IS \$150.00 sy 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DREC	TORS			
TITLE NAME STREET AD DRESS CITY - ST - ZIF	P LE ONARD, ROBERT J 4850 A1A SOUTH STE 102 ST AUGUSTINE, FL 32080			U00000644390 03/02/07-80040-014 150.00	
TITLE NAME STREET ABDRESS CITY - ST-ZIP					
TITLE HAME STREET AD DRESS CITY - ST- ZIP			DC	NOT WRITE	
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12. I heraby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurrate and that my signature shall have the same legal effect as if made under on 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.

CIGNATURE.

Copul

Long.