2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000116519													
1. Entity Name TIM FIELD CUSTOM HOME HANDYMAN, INC.								200	OT LO DM	1.07			
									CT 12 PM				
Principal Place of Business M				ailing Address			والماجري	LIARY OF MASSEE, F	STATE				
				2407 PITCH DRIVE				. ALL	MASSEE	LUKIUA			
GRAND ISLAND, FL 32735				RAND ISLAND, FL 32735									
2. Principal Place of Business				Mailing Address							181 B1181 1181 181		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10022006	Chg-P	CR2E0	34 (11/05)		
City & State				City & State				4. FEI Numb			1 1 i	plied For t Applicable	
Zip	Country			Zip	try	5. Certificate of Status Desired				- \$8.75 Additional			
6. Name and Address of Current Regis				tered Agent	[7. Name and	Address of New			-		
							Name						
SWIGERT, BRETT L 10935 SE 177TH PLACE					Street Address (P.O. Box Number is Not Acceptable)								
STE 205 SUMMERF	FIELD, FL 3	4491						,					
					City			,	FL	Zip Code	9		
			or the p	ourpose of changing its	registere	L ed office or	register	ed agent, or bo	th, in the State of F	lorida. 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 \$5.00 May Be													
Am	ended AR i	s \$61.25		Trust Fund Cont	-		Add	ed to Fees					
10. OFFICERS AND DIRECTORS					11.				I /CHANGES TO O	FICERS AND	DIRECTORS	\$ IN 11	
TITLE	D TIM		Delete	E	D/P/				Change	☐ Addition			
NAME STREET ADDRESS	FIELD, TIM 12407 PITC	H DRIVE		et address	1240	'ield, Tim 2407 Pitch Dr.							
CITY-ST-ZIP	Į.	AND, FL 32735		-ST-ZIP									
TITLE		☐ Delete	TITLE		V	3 34: 1	•		☐ Change	Addition			
NAME STREET ADDRESS				ET ADDRESS	1240	Field, Michele 12407 Pitch Dr.							
CITY-ST-ZIP						-ST-ZIP		d Island		35			
TITLE	☐ Delete TITLE						Ā	-			☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE			las M. I Temple (
CITY-ST-ZIP							is, FL						
TITLE				☐ Delete	TITLE	E					☐ Change	☐ Addition	
NAME					NAM	ie Eet address		Ξį	00080	7803			
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		10/13	2/060105	2009	**51.5	25	
TITLE				☐ Delete	TITU				··-		☐ Change	☐ Addition	
NAME					NAM	EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP							
TITLE				☐ Delete	TITL	E					Change	☐ Addition	
NAME	l l					IE							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP							
12. Lhereby (certify that the i	nformation supplied wit	th this	filing does not qualify for	or the ex	emptions of	Iontained	d in Chapter 11	9, Florida Statutes	. I further cer	tify that the ir	nformation	
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.													
SIGNAT	TURE: 🙎	lui Sh	ul	Tim Fiel	d, Pr	reside	nt	10-10-	06	352	-35 7 -87	97	
ii	•	ALCOHATURE AND TYPER OF	DOUNTE	IS NAME OF OWNING OFFICED	OR DIREC	TOP			Data		Tautime Phone #		

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