

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000136622

1. Entity Name

HANDYMAN SERVICES BY DR. FIX IT, INC.



Principal Place of Business

16680 COLCHESTER CT
DELRAY BEACH, FL 33484

Mailing Address

16680 COLCHESTER CT
DELRAY BEACH, FL 33484



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

86-1091366

Applicable

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER, LESLIE
16680 COLCHESTER CT
DELRAY BEACH, FL 33484

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IN THIS SPACE**

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 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | PT |
| NAME | BECKER, LESLIE |
| STREET ADDRESS | 16680 COLCHESTER CT |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 |
| TITLE | VS |
| NAME | BECKER, PHYLIS |
| STREET ADDRESS | 16680 COLCHESTER CT |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/19/06-80056-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 E' changed, or on an attachment with an address, with all other like empowered.