2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

	026 ***150.00	02-02-2004 90023 (SIMPSON HANDYMAN, INC.	1: Entity Name
{I				CLE	tailing Address 2114 OAK MEADOW CIRCI	e of Business EADOW CIRCLE	
fill			ļ		SOUTH DAYTONA, FL 32	ONA, FL 32119	
461							
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	R2E034 (10/03)	2004 Chg-P CR	01262004	\wedge	Suile, Apt. #, etc.		Suite, Apt
	Applie Not Ap	Number -0492298	4. FEI Numb		City & State	16-17-11	City & State
	\$8.75 Addition	ificate of Status Desired		Countily		County	Zip
	Fee Required	ne and Address of New Register		<u>Volusia</u>		6. Name and Address of Current Reg	32119
			'	Name			
P.O. Box Number is Not Acceptable)			ddress (P.O. Box Numb	3133 FALIMETTO AVE			
						BEACH, FL 32114	DAYTONA
	FL Zip Code	1		City		•	
ccept	I am familiar with, and	, or both, in the State of Florida. I	registered agent, or bo	egistered office or	purpose of changing its re	named entity submits this statement for the	8. The above
						ions of registered agent.	-
_	DATE	ating) DA	re required when reinstating)	Registered Agent signals	if applicable. (NOTE, R	Signature, typed or printed name of registered agent and to	SIGNATURE_
		s	\$5.00 May Be Added to Fees		9. Election Campaign Trust Fund Contrib	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	
1 Addition				11,	CTORS		10.
10011011	change	nt/Director	Dracidant/I			OFFICERS AND DIR	-1
		Meadow Circle	Travis Simr	NAME	☐ Delete	OFFICERS AND DIR	TITLE NAME
Addition	Change [Travis Simu 2114 Oak Me South Dayto)
			Travis Simp 2114 Oak Me South Dayto	NAME STŘLET AÓDŘESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP
			Travis Simt 2114 Oak Me South Dayto	HAME STŘEĚT AĎDŘEŠŠ CITY-ST-ZIP TITLE NAME	☐ Delete		NAME STREET ADDRESS CITY-ST-ZIP THILE NAME
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1	I am familiar with, and	or both, in the State of Florida. In the State	registered agent, or bore required when reinstailing) \$5.00 May Be Added to Fees ADDITIONS	City egistered office or Registered Agent signate on Financing bution.	9. Election Campaign Trust Fund Contrib	METTO AVE BEACH, FL 32114 named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and the incomplete t	3.15 S PAL DAYTONA 8. The above the obligate SIGNATURE

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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 appears, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Changed, or on an attachment with an appress, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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