


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2004 90023 026 ***150.00

DOCUMENT # P03000140876 1. Entity Name TRAVIS SIMPSON HANDYMAN, INC.			
Principal Place of Business 2114 OAK MEADOW CIRCLE SOUTH DAYTONA, FL 32119		Mailing Address 2114 OAK MEADOW CIRCLE SOUTH DAYTONA, FL 32119	
2. Principal Place of Business 2114 Oak Meadow Cir Suite, Apt. #, etc. N/A City & State South Daytona Zip 32119 Country Volusia		3. Mailing Address 2114 Oak Meadow Cir Suite, Apt. #, etc. N/A City & State South Daytona Zip 32119 Country Volusia	
4. FEI Number 51-0492298		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 FOSTER, WALTER E III 315 S PALMETTO AVE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 _____	<input type="checkbox"/> Delete	TITLE _____ NAME President/Director STREET ADDRESS Travis Simpson CITY-ST-ZIP 2114 Oak Meadow Circle South Daytona, FL	<input type="checkbox"/> Change <input checked="" 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
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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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 <i>Travis Simpson</i> Travis Simpson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/27/04 (386) 804-0903 <small>Date Daytime Phone #</small>	