2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 18, 2005 08:00 AM Secretary of State DOCUMENT # P03000142741 1. Entity Name HANDYWORKS REMODELING, INC. Principal Place of Business Mailing Address HANDYWORKS REMODELING, INC. BLD 1023 MARLIN LAKES CIRCLE #1121 P.O. BOX 17622 SARASOTA, FL 34232 SARASOTA, FL 34276 07132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0433878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENNETT, STEPHEN DO NOT WRITE BLD 1023 MARLIN LAKES CIRCLE # 1121 IN THIS SPACE SARASOTA, FL 34232 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE **PSTD** BENNETT, STEPHEN NAME STREET ADDRESS P.O. BOX 17622 #000000373367 07/18/05-80012-012 150.00 CITY-ST-ZIP SARASOTA, FL 34276 TITLE NAME STREET ADDRESS CITY-ST-ZIP IIII.E NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 cath; that I am an officer or director of the corporation or the receiver or trying 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 atta

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

741228-0294

FILED

Daytime Phone #