2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND THE BRANCHED NAME OF SIGNING OFFICER OF

SIGNATURE:

Apr 06, 2004 8:00 am Secretary of State DOCUMENT # P03000144974 1. Entity Name 04-06-2004 90029 031 ***163.75 ANDREW JOEHL HANDYMAN, INC. Principal Place of Business Mailing Address 9309 N. MARCUS WAY 9309 N. MARCUS WAY CITRUS SPRINGS, FL 34434 CITRUS SPRINGS, FL 34434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANNER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4244 W. TENNESSEE ST. #185 TALLAHASSEE, FL 32304 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 Fjorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or prioted name of registered agent and I to diagolicable (NOTE: Begistered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRES Delete ☐ Addition TITLE MANE JOEHL, ANDREW NAME **STREET ADDRESS** 9309 N. MARCUS WAY STREET ADDRESS CITY-ST-ZIF CITRUS SPRINGS, FL 34434 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED