

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000152503

1. Entity Name
J & P HANDYWORK, INC.



Principal Place of Business
**1323 RAVIDA CIRCLE
ORLANDO, FL 32825**

Mailing Address
**1323 RAVIDA CIRCLE
ORLANDO, FL 32825**



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0500559

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FITZGERALD, JONI
1323 RAVIDA CIRCLE
ORLANDO, FL 32825**

**DO NOT WRITE
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 accept the obligations of registered agent.

SIGNATURE _____ (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**

**1100000391026
01/24/06-80023-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FITZGERALD, JONI
STREET ADDRESS	1323 RAVIDA CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	VP
NAME	FITZGERALD, PAUL
STREET ADDRESS	1323 RAVIDA CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 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: *Joni Fitzgerald Joni Fitzgerald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-06

Date

407-380-8794

Daytime Phone #