

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000156869

1. Entity Name
CONNECTICUT YANKEE HANDYMAN, INC.



Principal Place of Business
1227 REGAL RIDGE DR.
ORLANDO, FL 32825

Mailing Address
1227 REGAL RIDGE DR.
ORLANDO, FL 32825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

WRENN, MICHAEL J
1227 REGAL RIDGE DR.
ORLANDO, FL 32825

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 *michael j wrenn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *04/30/04*

10. OFFICERS AND DIRECTORS

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
WRENN, MICHAEL J
1227 REGAL RIDGE DR.
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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: *michael j wrenn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04

Date

Daytime Phone #

54054300



04272004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2677058

Applied For
Not Applicable

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