


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000001483</b> 1. Entity Name <b>DENNIS DEEP'S HANDYMAN SERVICE, INC.</b>	
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Principal Place of Business <b>3736 NW 7TH AVENUE GAINESVILLE, FL 32607 US</b>	Mailing Address <b>3736 NW 7TH AVENUE GAINESVILLE, FL 32607 US</b>
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**DO NOT WRITE IN THIS SPACE**

05092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>11-3710779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEEP, DENNIS  
3736 NW 7TH AVENUE  
GAINESVILLE, FL 32607**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P DEEP, DENNIS 3736 NW 7TH AVENUE GAINESVILLE, FL 32607</b>
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06/30/05-80002-023 150.00

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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:** D. Deep Pres. 29 Jun 05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #