

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90003 011 ***150.00

DOCUMENT # P04000006860 1. Entity Name LONG ISLAND HANDYMAN, INC.			
Principal Place of Business 551 LAKE TIVOLI BLVD., SUITE N KISSIMMEE, FL 34741		Mailing Address 551 LAKE TIVOLI BLVD., SUITE N KISSIMMEE, FL 34741	
2. Principal Place of Business 643 BITTERN CT. Suite, Apt. #, etc.		3. Mailing Address 643 BITTERN CT. Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34759 Country		Zip 34759 Country	
4. FEI Number 20-0584050		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELENDEZ, FRANCISCO 551 LAKE TIVOLI BLVD., SUITE N KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name FRANCISCO MELENDEZ Street Address (P.O. Box Number is Not Acceptable) 643 BITTERN CT. City KISSIMMEE FL Zip Code 34759	
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MELENDEZ, FRANCISCO 551 LAKE TIVOLI BLVD., APT. N KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 643 BITTERN CT. KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MELENDEZ, ERICK 551 LAKE TIVOLI BLVD., APT. N KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 643 BITTERN CT. KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, LEONARDO 551 LAKE TIVOLI BLVD., APT. N KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 643 BITTERN CT. KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	