

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # P04000024539

1. Entity Name  
GARY'S HANDYMAN SERVICE, INC.



FILED

06 AUG -3 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1800 OLD MOODY BLVD  
BUNNELL, FL 32110

Mailing Address  
1800 OLD MOODY BLVD  
BUNNELL, FL 32110

2. Principal Place of Business

3. Mailing Address

13 Cottage Gate CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Coast Fla

Zip

Country

Zip

32137

Country

FLA USA

07262006

REIN-P

CR2E098 (11/05)

4. FEI Number

200598652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRONNING, GARY  
13 COTTAGE GATE LANE  
PALM COAST, FL 32137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

REINSTATEMENT

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
GRONNING, GARY  
1800 OLD MOODY BLVD  
BUNNELL, FL 32110

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Addition

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CITY - ST - ZIP

☐ Change

☐ 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: Gary Gronning  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-06 386 931-5259

2/2

30 July 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Attention: Tina D. Carter

Please find enclosed a check for \$300.00 for the annual report for 2005 and 2006.

Would you please waive the reinstatement fees as I never had received the two notices you sent to me concerning the annual statements. If they had been sent out, they probably went to my workshop address 1800 Old Moody Blvd, Bunnell, Fl. There are no mail facilities there to receive the mail. My mailing address is clearly stated on Document #P040900024539. The mailing address is 13 Cottagegate Court, Palm Coast, Fl. 32137. 27

Thank you for your consideration.



Gary Gronning  
Gary's Handyman's Service, Inc.