

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000024539

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



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

Mailing Address
**13 COTTAGE GATE COURT
PALM COAST, FL 32137**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0598652	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

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

**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 *GARY GRONNING* *President Gary Grunning 2/8/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/07-80095-019 150.00

**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: *GARY GRONNING* *2-8-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #