## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## **Secretary of State DOCUMENT # P04000031076** 02-08-2006 90004 026 \*\*\*150.00 DAVID C. LINDSEY FENCING & HANDYMAN, INC. Principal Place of Business Mailing Address 40010251 5806 NW 186 ST 5806 NW 186 ST ALACHUA, FL 32615 ALACHUA, FL 32615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E034 (11/05) Applied For City & State City & State 4 FEI Number 20-0668732 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDSEY, DAVID C 5806 NW 186 ST Street Address (P.O. Box Number is Not Acceptable) ALACHUA, FL 32615 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. PVST TITLE ☐ Delete TITLE ☐ Change ☐ Addition LINDSEY, DAVID C NAME NAME STREET ADDRESS 5806 NW 186 ST STREET ADDRESS ALACHUA, FL 32615 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ De!ete TITLE ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED Feb 08, 2006 8:00 am

Daytime Phone ∉