

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065416

FILED
Aug 15, 2006
Secretary of State

Entity Name: D & L HANDYMAN SERVICE, INC.

Current Principal Place of Business:

3038 PIN OAK DRIVE
CLEARWATER, FL 33759

New Principal Place of Business:

346 RANCH ROAD
TARPON SPRINGS, FL 34688

Current Mailing Address:

3038 PIN OAK DRIVE
CLEARWATER, FL 33759

New Mailing Address:

346 RANCH ROAD
TARPON SPRINGS, FL 468

FEI Number: 20-1023668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOEL, LIANNE
3038 PIN OAK DRIVE
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

NOEL, LIANNE
346 RANCH ROAD
TARPON SPRINGS, FL 34688 US

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.

SIGNATURE:

08/15/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOEL, LIANNE
Address: 3038 PIN OAK DRIVE
City-St-Zip: CLEARWATER, FL 33759

Title: VP () Delete
Name: FRIESLANDER, CHARLES D
Address: 3038 PIN OAK DRIVE
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOEL, LIANNE
Address: 346 RANCH ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP (X) Change () Addition
Name: FRIESLANDER, CHARLES D
Address: 346 RANCH ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIANNE NOEL

P

08/15/2006

Electronic Signature of Signing Officer or Director

Date