

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90113 043 ***150.00

DOCUMENT # P04000074855

1. Entity Name
VIC HANDYMAN, INC.



40056940

Principal Place of Business

**341 WOODBRIER CT
TAMPA, FL 33615**

Mailing Address

**341 WOODBRIER CT
TAMPA, FL 33615**

2. Principal Place of Business

8411 Woodbrier Ct.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 262485
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)



City & State

Tampa, Florida

City & State

Tampa FL.

4. FEI Number
77-0637095

Applied For
Not Applicable

Zip
33615

Country
USA

Zip
33685-2485

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, RAMONA M
8411 WOODBRIER CT.
TAMPA, FL 33615**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GARCIA, VICTOR M**
STREET ADDRESS **8411 WOODBRIER CT.**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **V** ☐ Delete
NAME **GARCIA, RAMONA M**
STREET ADDRESS **8411 WOODBRIER CT.**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **T** ☒ Delete
NAME **SANCHEZ, LUZ A**
STREET ADDRESS **8411 WOODBRIER CT.**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Ramona Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06
Date

813-244-8847
813-243-5610
Daytime Phone #