


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90097 038 ***150.00

DOCUMENT # P04000075076

1. Entity Name
COMPLETE CARE HANDYMAN SERVICES, INC.



Principal Place of Business Mailing Address

2330 LANTANA ROAD 2330 LANTANA ROAD
 LOT 21A LOT 21A
 LANTANA, FL 33462 US LANTANA, FL 33462 US

DO NOT WRITE IN THIS SPACE

9000000



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1098871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN PORTER ACCOUNTING INC
 400 S FEDERAL HWY STE 404
 BOYNTON BEACH, FL 33435

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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	P CRIDER, DAVID 2330 LANTANA ROAD LOT 21A LANTANA, FL 33462
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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: _____ Date: 1/30/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR