


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90421 045 ***150.00

DOCUMENT # P04000081749

1. Entity Name
FIRST CHOICE HANDYMAN REMODELING SERVICES, INC.



Principal Place of Business Mailing Address

2109 SHAWNEE STREET 2109 SHAWNEE STREET
 SARASOTA FL 34231 SARASOTA FL 34231

Not changed
2109 Shawnee Street



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

Sarasota, Fla. *Sarasota, Fla.*

City & State City & State

Sarasota, Fla. *Sarasota, Fla.*

Zip Country Zip Country

34231 *Sarasota* *34276* *Sarasota*

4. FEI Number Applied For

20-1162363 Not Applicable

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

6. Name and Address of Current Registered Agent

TRACEY, CATHERINE L
 2058 CONSTITUTION BLVD
 SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name *Robert A Burkhardt*

Street Address (P.O. Box Number is Not Acceptable)
2109 Shawnee Street

City *Sarasota* FL Zip Code *34231*

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: *Robert A Burkhardt* DATE: *04-10-2006*

Anita M Lawrence POA for Robert A Burkhardt

FILE NOW!!! - FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BURKHARDT, ROBERT A	
STREET ADDRESS	2109 SHAWNEE STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Anita M Lawrence POA for Robert A Burkhardt* DATE: *(805) 929 4696 - PH/Fax # 400* *(941) 2328806*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #