2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2006
Secretary of State

DOCUMENT# P04000086453

Entity Name: HANDYCO, INC.

Current Principal Place of Business:

510 DOUGLAS AVENUE
1009
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

227 N WASHINGTON AVE
APOPKA, FL 32703

Current Mailing Address:

510 DOUGLAS AVENUE
1009
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

227 N WASHINGTON AVE
APOPKA, FL 32703

FEI Number: 20-1191095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANDY, MICHAEL S
3838 PLYMOUTH SORRENTO ROAD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

HANDY, MICHAEL S
227 N WASHINGTON AVE
APOPKA, FL 32703 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: MICHAEL S HANDY 11/02/2006
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: PRES ( ) Delete
Name: HANDY, MICHAEL S
Address: 3838 PLYMOUTH SORRENTO ROAD
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete
Name: HANDY, DEAN P
Address: 9 NORTH LAKE CORTEZ DRIVE
City-St-Zip: APOPKA, FL 32703

Title: SCTY ( ) Delete
Name: HANDY, MELESSA A
Address: 3838 PLYMOUTH SORRENTO ROAD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HANDY, MICHAEL S
Address: 227 N WASHINGTON AVE
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SCTY (X) Change ( ) Addition
Name: HANDY, MELESSA A
Address: 227 N WASHINGTON AVE
City-St-Zip: APOPKA, FL 32703

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: MICHAEL S HANDY PRES 11/02/2006
Electronic Signature of Signing Officer or Director Date