2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 24, 2008
Secretary of State

DOCUMENT# P04000099930

Entity Name: "HAND'S ON" CONSTRUCTION INC.

Current Principal Place of Business:

1648 NW 46TH TERRACE
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

1648 NW 46TH TERRACE
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 05-0574318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: HAND, AUBREY T JR.
Address: 1648 NW 46TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: V ( ) Delete
Name: HAND, BECKE F
Address: 1648 NW 46TH TERRACE
City-St-Zip: OKEECHOBEE, FL 34972

Title: M ( ) Delete
Name: WHITE, ROCKY D
Address: 1655 NE 103RD LANE
City-St-Zip: OKEECHOBEE, FL 34972

Title: C ( ) Delete
Name: THOMAS, TRAVIS W
Address: 1648 NW 46TH TERR
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: FLINT, FRANK
Address: 1648 N W 46TH TERRACE
City-St-Zip: OKEE, FL 34972

Title: D ( ) Delete
Name: LINEBERRY, MARK
Address: 1648 N W 46TH TERRACE
City-St-Zip: OKEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: C (X) Change ( ) Addition
Name: CURTIS, DANIEL L
Address: 3678 S W 21ST ST.
City-St-Zip: OKEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify 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: AUBREY T. HAND JR. PTSD 06/24/2008
Electronic Signature of Signing Officer or Director Date