

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122324

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: HANDYMAN PAINTING INC.

**Current Principal Place of Business:**

P O BOX 991  
LEHIGH, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 991  
LEHIGH, FL 33913

**New Mailing Address:**

FEI Number: 20-1550803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOND, MICHAEL ESQ  
1845 MONTE VISTA ST  
FT MYERS, FL 33901 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ESCHERT, KERRY  
Address: P O BOX 991  
City-St-Zip: LEHIGH, FL 33913

Title: D ( ) Delete  
Name: ESCHERT, CAROLYN  
Address: P O BOX 991  
City-St-Zip: LEHIGH, FL 33913

Title: D ( ) Delete  
Name: CORBETT, STEVEN  
Address: P.O. BOX 991  
City-St-Zip: LEHIGH, FL 33913

Title: D ( ) Delete  
Name: KERBERG, KEVIN  
Address: P.O. BOX 991  
City-St-Zip: LEHIGH, FL 33913

**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:

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: CAROLYN ESCHERT

D

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date