2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# P04000152174

Entity Name: NEWCOMB HANDYMAN SERVICES, INC.

Current Principal Place of Business:

8929 SUNSET DRIVE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

8929 SUNSET DRIVE
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-1145600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOUNTAIN LAW FIRM, P.A.
2045 FOUNTAIN PROFESSIONAL CT
SUITE A
NAVARRE, FL 32566 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

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: PD ( ) Delete
Name: NEWCOMB, JOHN
Address: 8929 SUNSET DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: ST ( ) Delete
Name: NEWCOMB, MELODY A
Address: 8929 SUNSET DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete
Name: MCGINNIS, EDDIE C
Address: 8929 SUNSET DRIVE
City-St-Zip: NAVARRE, FL 32566

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:

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: JOHN NEWCOMB PD 05/02/2006

Electronic Signature of Signing Officer or Director — Date