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Jun 10, 2005 8:00 am
Secretary of State
04-26-2005 90127 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153876

1. Entity Name
B&D HANDYMAN SERVICE AND CUSTOM FURNITURE, INC.

Principal Place of Business	Mailing Address
424 PRIMROSE CIRCLE DESTIN, FL 32541	424 PRIMROSE CIRCLE DESTIN, FL 32541

66022612

(P04000153876P)

04022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
424 Primrose Cir	424 Primrose Cir
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Destin FL	City & State: Destin FL
Zip: 32541 Country: Okal.	Zip: 32541 Country:

4. FEI Number: 20-2305144 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

R. SCOTT WHITEHEAD, ESQUIRE
4507 FURLING LANE
SUITE 209
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUY, ROBERT W 414 PRIMROSE CIRCLE DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guy, Robert W 424 Primrose Circle Destin, FL 32541 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DERRICK, DON A 414 PRIMROSE CIRCLE DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Derrick, Don A 424 Primrose Circle Destin, FL 32541 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Don Derrick 4-16-05 850-974-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #