2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90417 015 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P04000163635 1. Entity Name JEFF CHANDLER HANDYMAN SERVICE, INC.							05-02-2005 9	0417 015 ***150	0.00	
Sulfo, Apt. #, etc. City & State	130 ARAGON AVENUE			130 ARAGON AVENUE							
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Zip Country Zip Country S. Additional Peo Population Peo Populatio	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04082005	Chg-P	CR2E034 (10/03)		
S. Certificate of Status Desired Fee Required F	City & State			City & State			4. FEI Number	919556	— — ·	•	
CHANDLER JEFF 130 ARAGON AVENUE UMATILLA, FL 32784 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 Ismiliar with, and accept the obligations of registered agent. SIGNATURE SONAT, typed for proof name of registered eigent and tile. colorable more proof of proof proof of registered eigent. colorable more proof of proof of proof of registered eigent. colorable more proof of proof of proof of registered eigent. colorable more proof of proof of proof of proof of registered eigent. colorable more proof of pro	Zip	Country		Zip	Country		5. Certificate o	f Status Desired			
CHANDLER, JEFF 130 ARAGON AVENUE UMATILLA, FL 32784 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** **STORMATIVE** **PO **OFFICERS AND DIRECTORS IN 11 **TILE** **NAME** **STORMATIVE** **STORM		6. Name and Address o	f Current Regis	tered Agent			7. Name and A	ddress of New Re	gistered Agent		
## The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature Signat	130 ARAGON AVENUE										
SIGNATURE Signat						City			FL Zip Cod	9	
Note	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.										
### FILE NOW!!! FEE IS \$150.00 ### After May 1, 2005 Fee will be \$550.00 ### Added to Fees 10.	SIGNATURE										
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Change Addition Addition Change Addition Ad	Control to Spinore and the spi										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	FILE NOTE: FEE 13 \$130.00										
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2.1 Inereby Certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, 1 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:

RECTOR

9-79-05

Daytime Phone #