


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90011 001 ***150.00
07-07-2005 90011 002 *****8.75
P04000166960

FILED

05 JUL 25 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000166960	
1. Entity Name G T HANDY SOLUTIONS, INC.	

Principal Place of Business 43 RUSSO DRIVE PALM COAST, FL 32164	Mailing Address 43 RUSSO DRIVE PALM COAST, FL 32164
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



07032005 Chg-P CR2E034 (10/03)

4. FEI Number 56-2494905	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TORRES, GEORGE 43 RUSSO DRIVE PALM COAST, FL 32164	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!! FEB IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, GEORGE 43 RUSSO DR PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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[Signature] 7/25

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: *[Signature]* **06-30-05**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #