2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# P04000169293

Entity Name: JACK SPENCE HANDYMAN SERVICES, INC.

Current Principal Place of Business:

802 CROSSWIND WAY
PORT ORANGE, FL 32127

New Principal Place of Business:

104 STRATFORD SQUARE
PORT ORANGE, FL 32127

Current Mailing Address:

802 CROSSWIND WAY
PORT ORANGE, FL 32127

New Mailing Address:

104 STRATFORD SQUARE
PORT ORANGE, FL 32127

FEI Number: 54-2160851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCE, JOHN R
802 CROSSWIND WAY
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

SPENCE, JOHN R
104 STRATFORD SQUARE
PORT ORANGE, FL 32127 US

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: JOHN R SPENCE 03/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SPENCE, JOHN R
Address: 802 CROSSWIND WAY
City-St-Zip: PORT ORANGE, FL 32127

Title: STD ( ) Delete
Name: SPENCE, DONNA
Address: 802 CROSSWIND WAY
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SPENCE, JOHN R
Address: 104 STRATFORD SQUARE
City-St-Zip: PORT ORANGE, FL 32127

Title: STD (X) Change ( ) Addition
Name: SPENCE, DONNA
Address: 104 STRATFORD SQUARE
City-St-Zip: PORT ORANGE, FL 32127

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 R SPENCE PD 03/27/2006
Electronic Signature of Signing Officer or Director Date