

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000022581 1. Entity Name HANDY SERVICES, INC.	
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Principal Place of Business 1200 COUNTRY CLUB DRIVE UNIT 6101 LARGO, FL 33771 US	Mailing Address 1200 COUNTRY CLUB DRIVE UNIT 6101 LARGO, FL 33771 US
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02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2374745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PALAIA, JOSEPH J 1200 COUNTRY CLUB DRIVE UNIT 6101 LARGO, FL 33771	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	U00000772321 08/17/07-90008-017 550.00
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10. OFFICERS AND DIRECTORS	
TITLE	PSTD
NAME	PALAIA, JOSEPH J
STREET ADDRESS	1200 COUNTRY CLUB DRIVE, UNIT 6101
CITY-ST-ZIP	LARGO, FL 33771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph J. Palaiia 8-7-07 221-424-9093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #