1 of 2

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/01/06 90292001 $150.00
07052006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000033314

1. Entity Name
A ACTION HANDYMAN INC

Principal Place of Business	Mailing Address
1005 WOODLAWN RD ROCKLEDGE, FL 32955 US	1005 WOODLAWN RD ROCKLEDGE, FL 32955 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCIO, CHRISTOPHER 1005 WOODLAWN RD ROCKLEDGE, FL 32955	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 Christopher K Lucio Christopher K Lucio 8/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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	PRES LUCIO, CHRISTOPHER 1005 WOODLAWN RD ROCKLEDGE, FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: Christopher K Lucio Christopher K Lucio 8/5/06 (321) 412-3169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A-ACTION HANDYMAN INC.
1005 WOODLAWN RD
ROCKLEDGE FL 32955 (321) 412-3169

2 of 2

TO: DIVISION OF CORPORATIONS
DOCUMENT P05000033314

To whom This MAY concern.
I Recived a notice of Intent To Dissolve. NOT understanding why I called your office AND WAS TOLD OF A MAY 18th Letter. To with I DID NOT Recive. The Person I Talk To TOLD Me I [redacted] Failed To place my signature on my 2006 for profit corporation Annual Report. For me To Down load IT Sign IT and Send IT Back In. Please Accept My Appalisies IN This matter. This is my First year Doing These corporate matters on my own Alaws with This Letter IS my 2006 Annual Report with [redacted] my signature on IT. Thank you for your Time. Please Excusie my poor penmanship

Sincerly

Christopher K Lucio ceo

Christopher K Lucio ceo