


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
06-16-2006 90103 014 ***150.00
FILE P05000038903

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FS

DOCUMENT # P05000038903					
1. Entity Name A & W HANDYMAN, INC.					
Principal Place of Business 5209 SE 155TH STREET HAWTHORNE FLORIDA, 32640			Mailing Address 5209 SE 155TH STREET HAWTHORNE FLORIDA, 32640		
2. Principal Place of Business <i>5209 SE 155 STREET</i> Suite, Apt. #, etc.			3. Mailing Address <i>5209 SE 155 STREET</i> Suite, Apt. #, etc.		
City & State <i>Hawthorne FLA</i>		City & State <i>Hawthorne F</i>		4. FEI Number <i>202491660</i>	
Zip <i>32640</i>		Country <i>Alachua</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, WENDELL W 5209 SE 155TH STREET HAWTHORNE, FL 32640 ✓			7. Name and Address of New Registered Agent 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 <i>Wendell W. Henderson</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>6/11/06</i>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, WENDELL W 5209 SE 155TH STREET HAWTHORNE, FL 32640 <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	VP HENDERSON, ANGEL M 5209 SE 155TH STREET HAWTHORNE, FL 32640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>Wendell W. Henderson</i> (358) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE <i>6/11/06</i> Daytime Phone # <i>481-3889</i>					