


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90025 030 \*\*\*150.00

<b>DOCUMENT # P05000042727</b>		
1. Entity Name <b>CHARLES W. BOYETT, HANDYMAN, INC.</b>		

Principal Place of Business <b>170 LEDFORD RD. DELTONA, FL 32738</b>	Mailing Address <b>170 LEDFORD RD. DELTONA, FL 32738</b>
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2. Principal Place of Business <b>6280 RUNNING EAGLE TR.</b>	3. Mailing Address <b>6280 RUNNING EAGLE TR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DELEON SPRINGS, FL</b>	City & State <b>DELEON SPRINGS, FL</b>
Zip <b>32130</b>	Zip <b>32130</b>
Country <b>USA</b>	Country <b>USA</b>



03152006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>BOYETT, CHARLES W. 170 LEDFORD RD. DELTONA, FL 32738</b>		7. Name and Address of New Registered Agent Name <b>BOYETT, CHARLES W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6280 RUNNING EAGLE TR.</b> City <b>DELEON SPRINGS FL</b> Zip Code <b>32130</b>	
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYETT, CHARLES W 170 LEDFORD RD. DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYETT, CHARLES W 6280 RUNNING EAGLE TR. DELEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (ADDRESS ONLY)
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
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
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
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
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

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: Charles W. Boyett \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_