

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90187 006 ***150.00

DOCUMENT # P05000046530

1. Entity Name

HAND-SO1 PROPERTY MANAGEMENT, INC.



Principal Place of Business

11726 MARJORY AVE.
TAMPA, FL 33612-4146

Mailing Address

11726 MARJORY AVE.
TAMPA, FL 33612-4146

40006544



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

11820 Uradco Pl

3. Mailing Address

11820 Uradco Pl

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

SAN ANTONIO, TX

City & State

SAN ANTONIO, TX

Zip

33576

Country

USA

Zip

33576

Country

USA

4. FEI Number
20-2557486

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K. ESQ.
401 S. LINCOLN AVE.
CLEARWATER, FL 33756

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

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVT ☐ Delete
NAME HAND, DENNIS
STREET ADDRESS 11726 MARJORY AVE.
CITY-ST-ZIP TAMPA, FL 336124146

TITLE DPS ☐ Delete
NAME HAND, MARY JO
STREET ADDRESS 11726 MARJORY AVE.
CITY-ST-ZIP TAMPA, FL 336124146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: *[Signature]* DENNIS M. HAND 10 Jan 07 352-588-2082