2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000046530

1. Entity Name

HAND-SO1 PROPERTY MANAGEMENT, INC.



FILED Jan 16, 2008 08:00 A Secretary of State

Principal Place of Business

11820 URADOO PL #105 SAN ANTONIO, FL 33576 Mailing Address

11820 URADOO PL #105 SAN ANTONIO, FL 33576



01082008

No Chg-P

CR2E034 (11/05)

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

STREET ADDRESS

CITY-ST-ZIF

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33756			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and to	tle if applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 By 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	Control of a file	
10. TITLE	OFFICERS AND DIR DVT HAND, DENNIS 21104 LOS CABOS CT. LAND O'LAKES, FL 34637 DPS HAND, MARY JO	ECTORS	U00000785431 01/16/08-80095-015 150.00		
STREET ADDRESS CITY-ST-ZiP TITLE NAME	21104 LOS CABOS CT. LAND O'LAKES, FL 34637				

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IN THIS SPACE

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: () TON VI DININIS HAND 12 MIN 352- 588-2082