2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000046537

1. Entity Name

HAND-SO2 PROPERTY MANAGEMENT, INC.



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

Principal Place of Business

Mailing Address

11820 URADOO PL #105 TAMPA, FL 33612-4146 11820 URADOO PL #105 TAMPA, FL 33612-4146



01082008

No Chq-P

CR2E034 (11/05)

4. FEI Number 20-2557440

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

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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 Signature, typed or printed name of registered agent and stile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS DVT HAND, DENNIS 21104 LOS CABOS CT. LAND O'LAKES, FL 34637 DPS HAND, MARY JO 21104 LOS CABOS CT. LAND O'LAKES, FL 34637		U00000785432 01/16/08-80095-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WRITE THIS SPACE
TITLE 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: «

TIFLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Tall VP De

DENNIS HOND

120-19

352-568-2 KM