2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000069476 06-16-2006 90103 026 ***158.75 1. Entity Name MIKE RINCK'S HANDYMAN & REPAIR, INC. Principal Place of Business Mailing Address 23039 MCNULTY AVENUE 23039 MCNULTY AVENUE PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-28025 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RINCK, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 23039 MCNULTY AVENUE PORT CHARLOTTE, FL 33952 City 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. 6-13-2006 SIGNATURE. Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agont signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RINCK, MICHAEL A NAME NAME STREET ADDRESS 23039 MCNULTY AVENUE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-ST-ZIP TITLE Delete TITLE **S**Change ■ Addition Rinck, Marcia NAMF CARLSON, MARCIA J STREET ADDRESS 23039 MCNULTY AVENUE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Michael A. Rinck 6-13-2006

FILED

Jun 16, 2006 8:00 am

ATTACHMENT #P0500069476 To whom it May Concur-I am sorry we dedn't get the filed in time. We had a loss of a family mender living with us. This was in with our Tax information. Our Tax lady said eve should of received a post card or a Yorm like "I have attached. We did not. Thank you Marcia CKinck