2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074102

3134 S CANAL DR

PALM HARBOR, FL 34684

Address: City-St-Zip:

Entity Name: ACTION HANDYMAN SERVICES, INC

FILED Apr 27, 2006 Secretary of State

Entity Nar	NE: ACTION HANDYMAN SERVICES, IN	IC.		
Current P	rincipal Place of Business:	New Principal Place of Bus	siness:	
3134 S CA PALM HAF	NAL DR RBOR, FL 34684	2137 N. HERCULES AVE CLEARWATER, FL 33763		
Current M	ailing Address:	New Mailing Address:		
3134 S CA PALM HAF	NAL DR RBOR, FL 34684	PO BOX 2181 DUNEDIN, FL 34698		
FEI Number:	37-1510516 FEI Number Applied For ()	FEI Number Not Applicable () Cel	rtificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of New	Name and Address of New Registered Agent:	
MINER, RI 3134 S CA PALM HAF		MINER, TIMOTHY E 3134 S CANAL DR PALM HARBOR, FL 34684	3134 S CANAL DR	
The above in the State	named entity submits this statement for the of Florida.	e purpose of changing its registered office	or registered agent, or both,	
SIGNATUR	RE: TIMOTHY MINER		04/27/2006	
	Electronic Signature of Registered	Agent	Date	
Election Can	npaign Financing Trust Fund Contribution ().			
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete MINER, TIMOTHY E 3134 S CANAL DR PALM HARBOR, FL 34684	Title: () Cha Name: Address: City-St-Zip:	nge () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BROOKS, MATT 3134 S CANAL DR PALM HARBOR, FL 34684	Title: () Cha Name: Address: City-St-Zip:	inge()Addition	
Title: Name:	D () Delete GIBSON, JOHN	Title: () Cha Name:	nge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN GIBSON OFFI 04/27/2006