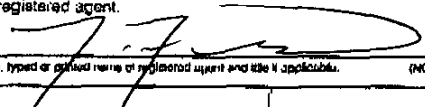
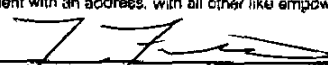


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 040 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000086206		
1. Entity Name CARPENTER'S HANDS HANDYMAN SERVICES, INC.		
Principal Place of Business 12428 NORTH FLORIDA AVE. TAMPA, FL 33612 US		Mailing Address P.O. BOX 360043 TAMPA, FL 33673
2. Principal Place of Business 12428 N. Florida Ave Suite, Apt. #, etc. Lot #1		3. Mailing Address P.O. Box 360043 Suite, Apt. #, etc.
City & State Tampa, FL		City & State Tampa, FL
Zip 33612 Country USA		Zip 33673 Country USA
4. FEI Number 20-30000291		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FEW, TERRY 811 CHESS PLACE SEFFNER, FL 33584		
7. Name and Address of New Registered Agent Name Terry Few Street Address (P.O. Box Number is Not Acceptable) 12428 N. Florida Ave Lot #1 City Tampa State FL Zip Code 33612		
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  DATE 4-28-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D FEW, TERRY 811 CHESS PLACE SEFFNER, FL 33584 ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  DATE 4-28-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

40081335



04282006 Chg-P CR2004 (11/05)