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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.

40081335

Principal Place of Business	Mailing Address
12428 NORTH FLORIDA AVE. TAMPA, FL 33612 US	P.O. BOX 360043 TAMPA, FL 33673

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
12428 N. Florida Ave	P.O. Box 360043
Suite, Apt. #, etc. Lot #1	Suite, Apt. #, etc.
City & State Tampa, Fl	City & State Tampa, Fl
Zip 33612 Country USA	Zip 33673 Country USA

4. FEI Number 20-3000291 ☐ 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 , 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 [signature] 4-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		☐ Change ☐ Addition
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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: [signature] 4-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #