


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90114 016 ***150.00

DOCUMENT # P05000096905 1. Entity Name HANDITRAY, INC.					
Principal Place of Business 18 RIO VISTA TEQUESTA, FL 33469			Mailing Address 18 RIO VISTA TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box # 18 Rio Vista Dr.		3. Mailing Address 18 Rio Vista Dr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tequesta, FL		City & State Tequesta, FL		4. FEI Number 65-1256034	
Zip 33469		Country US		Applied For Not Applicable	
Zip 33469		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELGESEN, ANDREW 11380 PROSPERITY FARMS ROAD SUITE 201 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DAVIS, THEODORE E 18 RIO VISTA TEQUESTA, FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18 Rio Vista Dr. Tequesta, FL 33469
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, EDWIN A 18 RIO VISTA TEQUESTA, FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18 Rio Vista Dr Tequesta, FL 33469
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jonathan Davis 18 Rio Vista Dr. Tequesta, FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18 Rio Vista Dr. Tequesta, FL 33469
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jonathan Davis 18 Rio Vista Dr. Tequesta, FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18 Rio Vista Dr. Tequesta, FL 33469
				<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4-30-07 Daytime Phone #: 813-746-7733	