

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90078 037 ***158.75

DOCUMENT # P05000103000 1. Entity Name Waymires Handyman Services, Inc	
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2. Principal Place of Business 7584 Canal Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State	
Zip 33467-5619	Country USA	Zip	Country

4. FEI Number 76-0797507	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Neal Arthur Waymire	
Street Address (P.O. Box Number is Not Acceptable) 7584 Canal Drive	
City Lake Worth	FL
Zip Code 33467-5619	

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 Neal Waymire 1/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Neal Arthur Waymire 7584 Canal Drive Lake Worth, FL 33467-5619
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Neal Waymire Neal A. Waymire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06
Date

Daytime Phone #