


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000136621 1. Entity Name DAVID PALMER HANDYMAN, INC	
---	---

Principal Place of Business 175 N. MYRTLE DRIVE KENANSVILLE, FL 34739 US	Mailing Address 175 N. MYRTLE DRIVE KENANSVILLE, FL 34739 US
--	--

DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3588994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PALMER, DAVID
175 N. MYRTLE DRIVE
KENANSVILLE, FL 34739**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reconstituting)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PALMER, DAVID 175 N MYRTLE DRIVE KENANSVILLE, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, LISA 175 N MYRTLE DRIVE KENANSVILLE, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000760945
05/25/07-80036-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: David Palmer **David Palmer** 4/27/07 407-908-4510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #