## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P05000143197 04-05-2006 90151 039 \*\*\*150.00 HANDYMAN OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 66011711 **518 FIRST STREET 518 FIRST STREET** OCOEE, FL 34761 OCOEE, FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suita, Apt. #, etc. 03152006 CR2E034 (11/05) Cha-P City & State City & State Applied For 20-3699074 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINGH, DAVID **518 FIRST STREET** Street Address (P.O. Box Number is Not Acceptable) OCOEE, FL 34761 City Zip Code 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, hyped or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when remaining) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. MAE Deleta FITLE NAME BAKSH, ABDUL STREET ADDRESS **518 FIRST STREET** STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZP C Delete TITLE ☐ Change ☐ Addition BAKSH, NISHA NAME HALF STREET ADORESS **518 FIRST STREET** STREET ADDRESS C117-51-20 OCOEE, FL 34761 CITY-ST-ZP TITLE D Detete TITLE Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZF CITY-ST- DP RILE Deleta Change ☐ Addition TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZP TILLE C Ocieta mu ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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 out; that I am an officer or director of the corporation or the receiver of susee empowered by execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 or Block 11 or Block 12 or Bl Hisha Baksh-UP 4/19/06 407-SIGNATURE:

FILED Apr 25, 2006 8:00 am