

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90181 028 ***150.00

DOCUMENT # P05000146091 1. Entity Name HANDYMAN MARINKO INC					
Principal Place of Business 2545 PARK DRIVE LOT 65 SANFORD, FL 32773			Mailing Address 2545 PARK DRIVE LOT 65 SANFORD, FL 32773		
2. Principal Place of Business 2241 CONWAY DR.		3. Mailing Address 2241 CONWAY DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DELTONA, FL		City & State DELTONA, FL		4. FEI Number 20-3716277	
Zip 32738		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32738		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARINKO, JONJIC 2545 PARK DRIVE LOT 65 SANFORD, FL 32773				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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MARINKO, JONJIC 2545 PARK DRIVE LOT 65 SANFORD, FL 32773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			Date: 5/2/06 321-274-5521		

ATTACHMENT

60037023
#P05000146091

MAY-05-06

Department of State
Division of Corporation

To whom it may Concern

This is to let you now that I moved
and never received the notification
about the annual report

I am new in Business open is 11/05
didn't know about this requirement

Please allow me the opportunity
To renew my annual report with
the \$150.-- Fee.

Tanks in advance of your help
in this matter

President

Monte fujal