2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000146666

1. Entity Name HANDYMAN & SONS INC.



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Ma	v 03,	2006	8:00	am
		ry of		
		00229 010		

05-03-2006 90238 019 **150.00

Principal Place of Business		Mailing Address			ZOOLPUUA			
MAIRA K. MILLER AND HOYT K. MILLER, JR. 10960 BEACH BLVD #563 JACKSONVILLE, FL 32246		MAIRA K. MILLER AND HOYT K. MILLER, JR. 10960 Beach Blyd #563 Jacksonville, Fl 32246						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		05012006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State		4. FEI Numbe	er			oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered A	gent	
FLORIDA FILING & SEARCH SERVICES, 1333 NORTH DUVAL ST		S, INC.	Name Street Add	ress (P.O. Box Numbe	er is Not Acceptab	le)		
TALLAHAS	SSEE, FL 32303	•						
			City			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or re	egistered agent, or bot	h, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE_	Signature, typed or pointed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature r	required when reinstating)		DATE		
	E NGWIII FEE IS \$150.00	9. Election Campaig		\$5.00 May Be Added to Fees				
After Ma	ay 1; 2006 Fee will be \$550.	Mastrana com	ibution.	Added to Fees				
After Ma	OFFICERS AND	11 to 1	11.		CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
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10. TITLE NAME	OFFICERS AND D MILLER, MAIRA K	DIRECTORS	11. TITLE NAME		CHANGES TO OF			
10. TITLE NAME STREET ADDRESS	OFFICERS AND D MILLER, MAIRA K 10960 BEACH BLVD #563	DIRECTORS	11. TITLE NAME STREET ADDRESS		CHANGES TO OF			
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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.

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SIGNATURE: Maria Mulla SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR