


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 SEP 19 PM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000154222 1. Entity Name CB HANDYMAN AND REPAIR INC.					
Principal Place of Business 4952 GOLFVIEW BLVD LEHIGH ACRES, F; 33971 US				Mailing Address 4952 GOLFVIEW BLVD LEHIGH ACRES, F; 33971 US	
2. Principal Place of Business 4112 16th St., S.W. Suite, Apt. #, etc.		3. Mailing Address 4112 16th St. S.W. Suite, Apt. #, etc.			
City & State Lehigh Acres, FL 33971		City & State Lehigh Acres, FL 33971		4. FEI Number 20-3810484	
Zip 33971		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYER, CHARLENE R 4952 GOLFVIEW BLVD LEHIGH ACRES, FL 33971				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 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 BOYER, HOWARD C 4952 GOLFVIEW BLVD LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4112 16th Street, S.W. Lehigh Acres, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYER, CHARLENE R 4952 GOLFVIEW BLVD LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4112 16th Street, S.W. Lehigh Acres, FL 33971
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 000080194570 09/26/06--01075--017 **150.00	
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	
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	
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: 			Howard C. Boyer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 9-15-06 231-878-4899		