

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 28 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12082006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000158296 1. Entity Name CHARLES BOGGS THE HANDYMAN INC					
Principal Place of Business 401 NE 170TH ST CITRA, FL 32113			Mailing Address PO BOX 1040 ANTHONY, FL 32617		
2. Principal Place of Business		3. Mailing Address PO BOX 1040			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Anthony FL		4. FEI Number 20-4032591	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32617		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMALLWOOD, APRIL M 849 NW 140TH PL ANTHONY, FL 32617			7. Name and Address of New Registered Agent Name April m Smallwood Street Address (P.O. Box Number is Not Acceptable) 9200 S Hwy 441 City Ocala FL Zip Code 34480		
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 April m Smallwood <i>[Signature]</i> 12-8-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			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 BOGGS, CHARLES J II 401 NE 170TH ST CITRA, FL 32113 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082837775 12/28/06--01058--005 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOGGS, KATHY L 401 NE 170TH ST CITRA, FL 32113 <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	
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: Charles J Boggs Pres. Charles J Boggs 12/3/06 352-207-7469 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

1/2007