

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-10-2006 90305 003 ***150.00

DOCUMENT # P05000160228					
1. Entity Name GEORGE E. SMEED HANDYMAN SERVICE, INC					
Principal Place of Business 8960 DORCHESTER ST. FORT MYERS, FL 33907 FL			Mailing Address 8960 DORCHESTER ST. FORT MYERS, FL 33907 FL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2922462				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMEED, GEORGE E JR. 8960 DORCHESTER ST FORT MYERS, FL 33907			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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE Owner/President	NAME GEORGE SMEED		☐ Delete		
STREET ADDRESS 8960 DORCHESTER ST	CITY-ST-ZIP FORT MYERS, FL 33907		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <i>George E. Smeed Jr.</i>			Date: April 7, 06		