2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2007 8:00 am Secretary of State 01-31-2007 90037 034 ***150.00

DOCUMENT # P06000028697 1. Entity Name STEVEN'S HANDYMAN & LAWN SERVICE, INC.						01-31-200			
Principal Place of Business Mailing Address 951 N. LYLE AVE 951 N. LYLE AVE CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429					. (****)	OR:IS CHIS OF IL CON CONT.			
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232007	Chg-P	CR2E03	14 (12/06)	
City & State		City & State			57-0	567265		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Cour	жry	5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Currer			7. Name and	Address of New R	egistered A	gent		
EDAZED (STEVEN T		Name						
951 N. LÝI				Street Address	(P.O. Box Numb	er is Not Acceptable)		
				City			FL	Zip Cod	
@ The shave	named entity submits this statement								
the obligat	inaneo entry solonits this statement lions of registered agent.	or the purpose of changing it	z register	eo oriica or ragiste	reo agent, or bo	in, in the State of Ho	rios. Lamis	imilar Willi,	ano accept
SIGNATURE.	Signature, typed or orinted name of registered age	ed Agent signature requise	d when samplesmgs		DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp. Trust Fund Cor			.00 May Be and to Fees				
10.	OFFICERS AN	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
ILLTE.	Delete III			E				Change	☐ Addition
NAME STREET ADDRESS	FRAZER, STEVEN T PRESS 951 N. LYLE.AVE			-					
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TITLE	Transia 1		Int	E				Change	Addition
NAME			KAME						
STREET ADORESS			STRE						
TITLE			_	-ST-21P		·			
NAME	Delate III			<u>.</u>				Change	Addition
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CITY-ST-21P				-ST-ZIP					
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HAME			NAJ	ŧ				_ ,	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP					
	cartifu that the information among a	to this filing does not over the			d in Charter 115	Charieta Canada a	hardbar	u that the '-	
indicated of the co- changed	certify that the information supplied wit from this report or supplemental report reporation or the receiver or plastee em i, or on an attachment with an address	in use ming does not quality to is true and accurate and that powered to execute this report, with all other like empowered	ior ine ex my sìgna rt as requi d.	emplions contained ture shall have the ired by Chapter 60	o in Unapter 115 same legal effec 7, Florida Statute	i, morida Statutes. I it as if made under d is; and that my name	iumner certil eth; that I ar appears in	y mat the in n an officer Block 10 or	rormation or director Block 11 if
SIGNATURE: (// Fign Steven Frazer 1/27/07 (352) 794-4128									