


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000077183	
1. Entity Name S W HANDYMAN SERVICES INC.	

FILED

07 APR 23 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doc

Principal Place of Business 2801 CHANCELLORSVILLE DR APT #411 TALLAHASSEE, FL 32312	Mailing Address 2801 CHANCELLORSVILLE DR APT #411 TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box # 8601 Marshalls LN	3. Mailing Address 8601 Marshalls Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232007 Chg-P CR2E034 (12/06)

City & State Tallahassee FL	City & State Tallahassee
Zip 32309	Zip 32309
Country Leon	Country Leon

4. FEI Number 76-0830433	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, ROSHAWN 2801 CHANCELLORSVILLE DR APT #411 TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name: Roshawn Walker Street Address (P.O. Box Number is Not Acceptable): 8601 Marshalls Lane City: Tallahassee FL Zip Code: 32309
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WALKER, SIDNEY 2801 CHANCELLORSVILLE DR APT #411 TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: <i>Sidney Walker</i>	4/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #