2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000084198

1. Entity Name
HANDY WORKS OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
120 PLEASANT PL.	120 PLEASANT PL.
PALM SPRINGS, FL 33461	PALM SPRINGS, FL 33461

DO NOT WRITE IN THIS SPACE

04222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5137763	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, MATT
120 PLEASANT PL.
PALM SPRINGS, FL 33461

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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, 2008 Fee will be $550.00

9. Election Campaign Financing ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, MATTHEW A
STREET ADDRESS	120 PLEASANT PLACE
CITY-ST-ZIP	PALM SPRING, FL 33461

TITLE	VP
NAME	THOMAS, MICHAEL L
STREET ADDRESS	120 PLEASANT PL.
CITY-ST-ZIP	PALM SPRINGS, FL 33461

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Matt Thomas_   4-24-08   561-255-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #