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Secretary of State
03-27-2007 90007 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000097581

1. Entity Name
BARRY WEBB HANDYMAN INC

Principal Place of Business	Mailing Address
27026 PARTIN DR PUNTA GORDA, FL 33983 US	27026 PARTIN DR PUNTA GORDA, FL 33983 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03082007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5274451 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBB, BARRY L SR 27026 PARTIN DR PUNTA GORDA, FL 33983	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 _____
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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEBB, BARRY L SR	NAME	
STREET ADDRESS	27026 PARTIN DR.	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEBB, BARRY L JR.	NAME	
STREET ADDRESS	20207 PACHLAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP	
TITLE	TRE ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEBB, ROBERT J	NAME	
STREET ADDRESS	27026 PARTIN DR.	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Barry L Webb SR BARRY Lee WEBB 3/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #