

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000124128

1. Entity Name
HANDS FOR HEALING/NEEDLES OF LIGHT, INC.



Principal Place of Business
2031 FOURTH STREET, NORTH
SUITE #1
ST PETERSBURG, FL 33704 US

Mailing Address
2031 FOURTH STREET, NORTH
SUITE #1
ST PETERSBURG, FL 33704 US

DO NOT WRITE IN THIS SPACE



06092008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5629856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCONNELL, JEFF E
6000 LYNN LAKE DRIVE SOUTH
APT. C
ST PETERSBURG, FL 33712

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCONNELL, JEFF
STREET ADDRESS	6000 LYNN LAKE DRIVE SOUTH, APT. C
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000953034
06/12/08-80001-011 150.00

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IN THIS SPACE**

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: Jeff E McConnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-9-08 Daytime Phone # _____