2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000130250

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90214 029 ***150.00

| 1. Entity Name LONG'S HANDYMAN SERVICES, INC | | | | | | | | | | |
|--|---|---|---|--|---|----------------------------|--|------------------------------------|----------------------|--|
| Principal Place of Business 5 COLLIER COURT | | | Mailing Address 5 COLLIER COURT | | | 60001446 | | | | |
| PALM COAST, FL 32137 | | | PALM COAST, FL 32137 | | | 1 10 0110 01 121 | | II 11 4 16 17111 4 1 | AND HERL ONL OF | MBBI 81 48 4 1 |
| 2. Principal Place of Business - No P.O Box # | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt, #, etc. | | | 01102007 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | | | City & State | | | 4. FEI Numbe | 20-569 | 646 | 4 Ap | plied For ot Applicable |
| Zip Country | | Zip | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | 6. Name | and Address of Curren | t Registered Agent | | 7. Name and Address of New Registered Agent | | | | | |
| LONG, ROBERT D SR | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 5 COLLIER COURT PALM COAST, FL 32137 | | | | | O. S. F. S. | (7.0.00%) | - To the tribute of t | <u> </u> | | |
| | : : | | | City | | | | FL | Zip Cod | e |
| | named entitions of regist | | for the purpose of changing | j its register | ed office or registe | ered agent, or bot | h, in the State of Flo | rida. Lam | tamiliar with. | and accept |
| SIGNATURE. | Signature typed | or printed name of requisiered age | st and title if applicable | NOTE Register | id Agent signature require | ed when reinstating) | | DATE | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 7 Election Campaign Fine Trust Fund Contribution | | | | | | | | | | |
| After Ma | | 7 Fee will be \$550 | .00 Trust Fund C | Contribution | + + + | 0.00 May Be ded to Fees | | | | |
| After Ma | ay 1, 200 | | .00 Trust Fund C | Contribution 11. | Add | ded to Fees | CHANGES TO OFFI | ICERS AND | | |
| After Ma | ay 1, 200 | 7 Fee will be \$550 OFFICERS AN | .00 Trust Fund C | Contribution 11. | Add | ded to Fees | CHANGES TO OFFI | ICERS AND | DIRECTOR: | S IN 11 |
| After Ma | P LONG, RO | 7 Fee will be \$550 OFFICERS AN | .00 Trust Fund C | Contribution 11. TITL NAN | Add | ded to Fees | CHANGES TO OFFI | ICERS AND | | |
| After Ma | P LONG, RO 5 COLLIE | 7 Fee will be \$550 OFFICERS AN | .00 Trust Fund C | 11. TITU NAM | Add | ded to Fees | CHANGES TO OFFI | CERS AND | | |
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| 10. THE NAME SIRLET ADDRESS CHY ST-ZIP | P LONG, RO 5 COLLIE PALM CO VP | OFFICERS AND OFFICERS AND OBERT D SR OR COURT | .00 Trust Fund C | 11. TITE NAM STR | E E I I I I I I I I I I I I I I I I I I | ded to Fees | CHANGES TO OFFI | ICERS AND | ☐ Change | Addition |
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12. I hereby certify that the information supplied with this filling 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 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: _

Robert Dale Jens / Tres