

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90051 048 ***150.00

DOCUMENT # P06000139420 1. Entity Name THE SANDYLAND HANDYMAN, INC			
Principal Place of Business 5551 CEDARWOOD DRIVE SARASOTA, FL 34232		Mailing Address 5551 CEDARWOOD DRIVE SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box # 3521 Bradenton Rd. Suite, Apt. #, etc.		3. Mailing Address 230 Thompson St. Suite, Apt. #, etc. Unit 1	
City & State SARASOTA, FL		City & State EASTHAVEN, CT	
Zip 34234 Country USA		Zip 06513 Country USA	
4. FEI Number 20-5845762		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, JASON 5551 CEDARWOOD DRIVE SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name FISHER, JASON Street Address (P.O. Box Number is Not Acceptable) 3521 BRADENTON Rd City SARASOTA FL Zip Code 34234	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		JASON C. FISHER <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 4/1/08		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, JASON 5551 CEDARWOOD DRIVE SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, JASON 3521 BRADENTON Rd SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:		JASON C. FISHER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/1/08 Daytime Phone # 941-400-4437	

40050777



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