


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90109 023 ***158.75

DOCUMENT # P06000151713 1. Entity Name AFFORDABLE HANDYMAN HAULING AND LAWN, INC.					
Principal Place of Business 1110 E PAGE DRIVE DELTONA, FL 32725 US			Mailing Address 1110 E PAGE DRIVE DELTONA, FL 32725 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 1148 W. Page Dr.		Suite, Apt. #, etc. 1148 W. Page Dr.			
City & State Deltona FL		City & State Deltona FL			
Zip 32725		Country Volusia		Zip 32725	
Country Volusia		Country Volusia			
4. FEI Number 20-8024124			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCPHAIL, JOSEPH E 1110 E PAGE DRIVE DELTONA, FL 32725			7. Name and Address of New Registered Agent Name McPhail, Joseph E. Street Address (P.O. Box Number is Not Acceptable) 1148 W. Page Dr. Deltona City FL Zip Code 32725		
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 <u><i>Joseph E McPhail</i></u> President DATE 4-22-2008 <small>(Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when re-stating).)</small>					
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 MCPHAIL, JOSEPH E 1110 E PAGE DRIVE DELTONA, FL 32725 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Joseph E McPhail</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/22/08 <small>Date Daytime Phone #</small>		