

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

47.

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90114 047 \*\*\*150.00

<b>DOCUMENT # P07000037937</b>																																																																																																																																									
<b>1. Entity Name</b> DOROTHY - YOUR HANDY MAN INC.																																																																																																																																									
<b>Principal Place of Business</b> 4839 S E 112TH ST. RD. BELLEVUE, FL 34420			<b>Mailing Address</b> 4839 S E 112TH ST. RD. BELLEVUE, FL 34420																																																																																																																																						
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
<b>City &amp; State</b>		<b>City &amp; State</b>																																																																																																																																							
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>																																																																																																																																						
<b>6. Name and Address of Current Registered Agent</b>  BOYD, DOROTHY 4839 S E 112TH ST. RD. BELLEVUE, FL 34420			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____																																																																																																																																						
<b>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.</b>																																																																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;">4839 S.E. 112TH STREET ROAD</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;">BELLEVUE, FL 34420</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	4839 S.E. 112TH STREET ROAD		STREET ADDRESS			CITY - ST - ZIP	BELLEVUE, FL 34420		CITY - ST - ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS									CITY - ST - ZIP			CITY - ST - ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS									CITY - ST - ZIP			CITY - ST - ZIP									TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition							STREET ADDRESS			STREET ADDRESS									CITY - ST - ZIP			CITY - ST - ZIP		
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<b>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.</b>																																																																																																																																									
<b>SIGNATURE:</b> <u>Dorothy Boyd</u> <u>Dorothy Boyd owner</u> <u>4/22/08</u> <u>352-347-4053</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #</small>																																																																																																																																									

66013206



04022008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8646978** Applied For ☐ Not Applicable

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