2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000049755

1. Entity Name

GENE THE HANDYMAN, INC.



Principal Place of Business

1100 57TH AVENUE NORTH ST. PETERSBURG, FL 33703 Mailing Address

1100 57TH AVENUE NORTH ST. PETERSBURG, FL 33703

FILED Feb 24, 2005 8:00 am Secretary of State

02-24-2005 90047 032 ***150.00

JUUTUUUU

Daytime Phone #



DO NOT WRITE IN THIS SPACE

02132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S9-3254528 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALAFEEW, EUGENE E 1100 57TH AVENUE NORTH ST. PETERSBURG, FL 33703

DO NOT WRITE IN THIS SPACE

		•		•	
the obligat 	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or registered agent, or both	, in the State of Florida. I am fami	liar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		•	;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALAFEEW, EUGENE E 1100 57TH AVENUE NORTH ST.PETERSBURG, FL 33703	• • •		• •	•,
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12. I hereby	certify that the information supplied with this fi	ling does not qualify for the exe	mption stated in Section 119.07(3)(i)	Florida Statutes: I further certify	that the information

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

CHESTON OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MALAFEEN PRES