


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90364 003 \*\*\*150.00

<b>DOCUMENT # P95000080579</b>	
1. Entity Name <b>HANDY LADIES, INC.</b>	

Principal Place of Business <b>6563 46TH ST NO BLDG 7 UNIT 705 PINELLAS PARK, FL 33781</b>	Mailing Address <b>2101 BEACH DRIVE SE ST. PETERSBURG, FL 33705</b>
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2. Principal Place of Business (No P.O. Box #) <b>6553 46th St No</b>	3. Mailing Address
Suite, Apt. #, etc. <b># 908</b>	Suite, Apt. #, etc.

City & State <b>Pinellas Park FL</b>	City & State
Zip <b>33781-</b>	Country

6. Name and Address of Current Registered Agent <b>WILSON, SUSAN K 2101 BEACH DR SE ST. PETERSBURG, FL 33705</b>	
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**40083400**



02032008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3602705</b>	Applied For <input type="checkbox"/> Not Applicable
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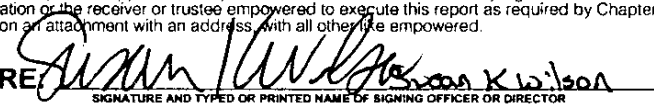
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD WILSON, SUSAN K 2101 BEACH DRIVE SE ST. PETERSBURG, FL 33705</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 fee empowered.	
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/23/08</b> Daytime Phone # <b>727 8801</b>

**Susan K Wilson**