


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90001 019 \*\*\*150.00

<b>DOCUMENT # P97000058542</b> 1. Entity Name <b>DON BARBRAY THE HANDYMAN, INC.</b>			
Principal Place of Business <b>5909 ST AUGUSTINE RD. #2 JACKSONVILLE FL 32207</b>		Mailing Address <b>1812 BROOKWOOD ROAD JACKSONVILLE FL 32207</b>	
2. Principal Place of Business <i>1812 Brookwood Rd</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>JACKSONVILLE</i>		City & State	
Zip <i>32207-4216</i>		Country <i>FL</i>	
4. FEI Number <b>59-3461451</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARBRAY, DONALD H 1812 BROOKWOOD ROAD JACKSONVILLE FL 32207</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Donald H. Barbray</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <i>Donald H. BARBRAY</i>  <small>(NOTE: Registered Agent signature required when resigning)</small> </div> <div style="width: 20%; text-align: right;"> <i>7/31/06</i>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARBRAY, DONALD H 1812 BROOKWOOD ROAD JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2nd MOORE CR2E034 (4/06)

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:**

*Donald H. Barbray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/31/06* *904-349-1602*  
Date Daytime Phone #