


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P98000049752</b>                    |  |
| 1. Entity Name<br><b>HANDY LAWN SERVICE, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1104 SEDEEVA STREET<br/>CLEARWATER, FL 33755-1427</b> | Mailing Address<br><b>1104 SEDEEVA STREET<br/>CLEARWATER, FL 33755-1427</b> |
|---|---|



01242006 No Chg-P CR2E034 (11/05)

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|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0911486</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>HARPER, DAVID L<br/>1104 SEDEEVA STREET<br/>CLEARWATER, FL 33755-1427</b> |
|---|

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HARPER, DAVID L<br>1104 SEDEEVA STREET<br>CLEARWATER, FL 337551427 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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04/29/06-80149-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: *David L Harper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/06* *727.734.5915*