

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000006515

1. Entity Name
TOM EADY'S HANDYMAN AND REMODELING INC.



Principal Place of Business
**141 HOMEWOOD DRIVE
FT. WALTON BEACH, FL 32548**

Mailing Address
**141 HOMEWOOD DRIVE
FT. WALTON BEACH, FL 32548**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3552646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EADY, TOMMIE R
141 HOMEWOOD DRIVE
FT. WALTON BEACH, FL 32548**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
EADY, TOMMIE
141 HOMEWOOD DR
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MARCY, EADY
141 HOMEWOOD DR.
FT. WALTON BEACH, FL 32544**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
EADY, KEVIN THOMAS
141 HOMEWOOD DR.
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/18/05-80006-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcy Eady **Marcy Eady** *V. Pres. Cent*

Date

Jan 13 04

Daytime Phone #

864-1663