

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126723

FILED  
May 01, 2008  
Secretary of State

Entity Name: HANDY WORK, INC.

**Current Principal Place of Business:**

5513 OKALOOSA AVE  
INTERCESSION CITY, FL 33848 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 757  
INTERCESSION CITY, FL 33848

**New Mailing Address:**

FEI Number: 20-5659175      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAMEE, DEAN E  
5513 OKALOOSA AVE  
BOX 757  
INTERCESSION CITY, FL 33848 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NAMEE, DEAN  
Address: 5513 OKALOOSA AVE  
City-St-Zip: INTERCESSION CITY, FL 33848 US

Title: VP ( ) Delete  
Name: NAMEE, NOEL  
Address: 5513 OKALOOSA AVE  
City-St-Zip: INTERCESSION CITY, FL 33848 US

Title: VP ( ) Delete  
Name: NAMEE, JOHN  
Address: 5513 OKALOOSA AVE  
City-St-Zip: INTERCESSION CITY, FL 33848

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN NAMEE

P

05/01/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date