

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045281

FILED  
Aug 08, 2005  
Secretary of State

**Entity Name:** HEDRICK'S HANDYMAN AND CONTRACTING SERVICES, LLC

**Current Principal Place of Business:**

1001 W. EAU GALLIE BLVD #106  
MELBOURNE, FL 32935

**New Principal Place of Business:**

3102 JARVIS STREET  
HOLIDAY, FL 345902152 US

**Current Mailing Address:**

1001 W. EAU GALLIE BLVD #106  
MELBOURNE, FL 32935

**New Mailing Address:**

3102 JARVIS STREET  
HOLIDAY, FL 345902152 US

FEI Number: 57-1192845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BRUNN, FRANK  
407 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 329014507 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUKENS, JANET M  
Address: 1001 W. EAU GALLIE BLVD #106  
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM (X) Delete  
Name: HEDRICK, JOHNNY W  
Address: 1001 W. EAU GALLIE BLVD #106  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HEDRICK, JOHNNY W  
Address: 3102 JARVIS STREET  
City-St-Zip: HOLIDAY, FL 345902152 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANK BRUNN

RA

08/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date