


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90047 001 ****55.00

DOCUMENT # L05000015738 1. Entity Name J. C. QUALITY HANDYMAN SERVICES, LLC					
Principal Place of Business 4811 HOPESPRING DRIVE ORLANDO, FL 32829 US			Mailing Address 4811 HOPESPRING DRIVE ORLANDO, FL 32829 US		
2. Principal Place of Business - No P.O. Box # 15531 OLD CHENEY HWY		3. Mailing Address 15531 OLD CHENEY HWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 11-3744816	
Zip 32828		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CALETKA, JAROSLAV 4811 HOPESPRING DR ORLANDO, FL 32829			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15531 OLD CHENEY HWY City ORLANDO FL Zip Code 32828		
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 <u><i>[Signature]</i></u> DATE <u><i>08/05/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALETKA, JAROSLAV 4811 HOPESPRING DRIVE ORLANDO, FL 32829	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CALETKA, JAROSLAV 4811 HOPESPRING DRIVE ORLANDO, FL 32829	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	15531 Old Cheney Hwy ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my 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: <u><i>[Signature]</i></u> DATE <u><i>08/08/07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					