

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000024472

**Entity Name:** HANDYMAN HOME REPAIR SERVICE OF PINELLAS, INC.

**Current Principal Place of Business:**

11327-43 STREET NORTH  
CLEARWATER, FL 34622

**Current Mailing Address:**

11327-43 STREET NORTH  
CLEARWATER, FL 34622 US

**FEI Number:** 59-3307835

**Certificate of Status Desired:** No

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

ALLBRITTEN, JAMES K  
11327-43 STREET NORTH  
CLEARWATER, FL 34622 US

*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

**Officer/Director Detail :**

Title P  
Name ALLBRITTEN, JAMES K  
Address 11327 43RD ST N  
City-State-Zip: CLEARWATER FL 33762

Title T  
Name ALLBRITTEN, JAMES K  
Address 11327 - 43RD STREET N.  
City-State-Zip: CLEARWATER FL 33762

Title S  
Name ALLBRITTEN, JAMES K  
Address 11327 43RD ST N  
City-State-Zip: CLEARWATER FL 33762

Title V  
Name DISALVATORE, JOSEPH P  
Address 11327 43RD ST N  
City-State-Zip: CLEARWATER FL 33762

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES K ALLBRITTEN

**PRESIDENT**

**03/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date