2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L04000066701

Entity Name: D&M HANDYMAN SERVICES, LLC

Current Principal Place of Business:

107 1ST ELOISE ST.
WINTER HAVEN, FL 338805502

New Principal Place of Business:

2211 9TH ST. SE
2211
WINTER HAVEN, FL 33880

Current Mailing Address:

107 1ST ELOISE ST.
WINTER HAVEN, FL 338805502

New Mailing Address:

2211 9TH ST. SE
2211
WINTER HAVEN, FL 33880

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 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/MEMBERS:

Title: MGRM ( ) Delete
Name: GLISSON, DANNY M
Address: 107 1ST ELOISE ST.
City-St-Zip: WINTER HAVEN, FL 338805502

Title: MGRM ( ) Delete
Name: GLISSON, DANNY L
Address: 107 1ST ELOISE ST.
City-St-Zip: WINTER HAVEN, FL 338805502

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GLISSON, DANNY M
Address: 2211 9TH ST. SE SUITE 2211
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM (X) Change ( ) Addition
Name: GLISSON, DANNY L
Address: 2211 9TH ST. SE SUITE 2211
City-St-Zip: WINTER HAVEN, FL 33880

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: GLISSON DANNY MGRM 04/26/2005

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