

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43924

FILED
Apr 20, 2009
Secretary of State

Entity Name: ALWAYS HANDY REPAIRS & REMODELING, INC.

Current Principal Place of Business:

% KARLENE CONROY
1865 ALEXANDER
MALABAR, FL 32950 US

New Principal Place of Business:

Current Mailing Address:

% KARLENE CONROY
1865 ALEXANDER LANE
MALABAR, FL 32950 US

New Mailing Address:

% KARLENE CONROY
1865 ALEXANDER
MALABAR, FL 32950 US

FEI Number: 59-2983244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONROY, KARLENE
1865 ALEXANDER LANE
MALABAR, FL 32950 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONROY, JOHN
Address: 1865 ALEXANDER LANE
City-St-Zip: MALABAR, FL

Title: D () Delete
Name: CONROY, KARLENE
Address: 1865 ALEXANDER LANE
City-St-Zip: MALABAR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KARLENE CONROY

D

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date