


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000040430	
1. Entity Name ON HANDS SERVICES, INC.	

Principal Place of Business 15840 N.E. 14TH COURT NORTH MIAMI BEACH, FL 33162	Mailing Address 15840 N.E. 14TH COURT NORTH MIAMI BEACH, FL 33162
--	--



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0998682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRITT, MARGARET L 15840 N.E. 14TH COURT NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	NAME KRITT LEMKE, ANGELA M
STREET ADDRESS 17104 79 CT N	CITY-ST-ZIP LOXAHATCHEE, FL 33470
TITLE VP	NAME RUMMELHOFF, JANICE
STREET ADDRESS 880 NE 69 ST J4	CITY-ST-ZIP MIAMI, FL 33138
TITLE ST	NAME KRITT, MARGARET L
STREET ADDRESS 15840 NE 14 COURT	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000132207
04/27/04-80037-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret L. Kritt* **04-23-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #