

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000062710

1. Entity Name
HANDS-ON PROFESSIONALS, INC.



Principal Place of Business
3359 JOG PARK DRIVE
LAKE WORTH, FL 33467

Mailing Address
3359 JOG PARK DRIVE
LAKE WORTH, FL 33467

FILED
Apr 05, 2004 08:00 AM
Secretary of State



03242004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1021988

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZARCZYK, THOMAS L
3359 JOG PARK DRIVE
GREENACRES, FL 33467

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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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LAZARCZYK, THOMAS L
3359 JOG PARK DRIVE
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
LAZARCZYK, MARY L
3359 JOG PARK DRIVE
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000102740
04/05/04-80028-007 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. LAZARCZYK, PRESIDENT

Date

Daytime Phone #

4/2/04

561-969-1304