

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033415

FILED  
Sep 18, 2009  
Secretary of State

Entity Name: ABLEHAND SERVICES INCORPORATED

## Current Principal Place of Business:

601 SE 21 LANE  
CAPE CORAL, FL 33990

## New Principal Place of Business:

## Current Mailing Address:

601 SE 21 LANE  
CAPE CORAL, FL 33990

## New Mailing Address:

P.O. BOX 151844  
CAPE CORAL, FL 33915

FEI Number: 59-3711441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMARGO, GEORGE PRES  
601 SE 21 LANE  
CAPE CORAL, FL 33990 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: CAMARGO, GEORGE A  
Address: 601 SE 21 LANE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: GRAHAM, NEIL  
Address: 429 SW 43 STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: MAGAS, DINO  
Address: 1491 COVINGTON CIRCLE WEST  
City-St-Zip: FT. MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GEORGE A CAMARGO

PDT

09/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date