

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90040 010 \*\*\*150.00

**DOCUMENT # P01000113854**

1. Entity Name

THE HELPFUL HANDYMAN, INC.



Principal Place of Business

11250 OLD ST AUGUSTINE ROAD STE 15-31  
JACKSONVILLE FL 32257

Mailing Address

11250 OLD ST AUGUSTINE ROAD STE 15-31  
JACKSONVILLE FL 32257

**54027641**



MOORE CR2E034 (11/03)

2. Principal Place of Business

2640-204 Blanding Blvd.

3. Mailing Address

2640-204 Blanding Blvd.

Suite, Apt. #, etc.

338

Suite, Apt. #, etc.

338

City & State

Middleburg, FL

City & State

Middleburg, FL

4. FEI Number

59-3758371

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

32068

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEIMAN, THOMAS C JR  
9471 BAYMEADOWS ROAD STE 308  
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME LINDAHL, JAN  
STREET ADDRESS 11250 OLD ST AUGUSTINE ROAD STE 15-317  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE DP ☒ Change ☐ Addition  
NAME Lindahl, Jan  
STREET ADDRESS 2640-204 Blanding Blvd., #338  
CITY-ST-ZIP Middleburg, FL 32068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jan Lindahl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.02.04

Date

1.904  
705 2382

Daytime Phone #