May-03-2004 15:35 From-ERNST AND YOUNG +1904351

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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90249 047 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000068815

1. Entity Name
HANDYMAN ON CALL, INC.

Principal Place of Business
10351 DEERWOOD CLUB RD.
JACKSONVILLE, FL 32256

Mailing Address
10920 BAY MEADOWS RD.
SUITE 27-120
JACKSONVILLE, FL 32256

05032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 8525 Heather Run Dr. N.
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32256 Country: DUVAL

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 55-0787582 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HOSSEINI, MICHAEL
10351 DEERWOOD CLUB RD.
JACKSONVILLE, FL 32256

Change of Address only →

7. Name and Address of New Registered Agent
Name: HOSSEINI, MICHAEL
Street Address (P.O. Box Number is Not Acceptable): 8525 Heather Run Dr. North
City: Jacksonville FL Zip Code: 32256

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
Due by September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HOSEINI, MICHAEL 10351 DEERWOOD CLUB RD. JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8525 Heather Run Dr North Jacksonville, FL 32256 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #