

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000120659

1. Entity Name

DAD'S HANDYMAN SERVICES, INC.



Principal Place of Business

2547 ORSOVA WAY
SARASOTA FL 34231

Mailing Address

2547 ORSOVA WAY
SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

30-0140292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORTON, DENNIS
2445 CONSTITUTION BLVD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

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 state, if applicable

NOTE: Registered agent's signature required when completing

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
MORTON, DENNIS
2547 ORSOVA WAY
SARASOTA FL 34231

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000911313
05/07/08-80036-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dennis E. Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08 941-927-9330
Date Daytime Phone #