

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90138 038 ***150.00

DOCUMENT # P03000022121

1. Entity Name
J&B HANDYMAN SERVICES INC.



Principal Place of Business
2104 HARTFORD PL
ORLANDO, FL 32808

Mailing Address
2104 HARTFORD PL
ORLANDO, FL 32808

2. Principal Place of Business

5549 PARK HURST DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005

Chg-P

CR2E034 (10/03)

City & State

ORLANDO

City & State

4. FEI Number

59-3767951

Applied For

Not Applicable

Zip

FL

Country

32808

Zip

Country

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

WOODS, BRENDA J
2104 HARTFORD PL 5549 PARK HURST DR.
ORLANDO, FL 32808 ORLANDO, FL 32808

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, 2005 Fee will be \$550.00

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 PD
NAME WOODS, BRENDA J
STREET ADDRESS 2104 HARTFORD PL 5549 PARK HURST DR.
CITY-ST-ZIP ORLANDO, FL 32808 ORLANDO, FL 32808 ☐ Delete

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

TITLE STD
NAME WOODS, JOHN D
STREET ADDRESS 2104 HARTFORD PL 5549 PARK HURST DR.
CITY-ST-ZIP ORLANDO, FL 32808 ORLANDO, FL 32808 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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NAME ☐ Delete
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: *Brenda J Woods* B. Woods, STD

1/26/05

407-296-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #