


2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 20, 2005 08:00AM
Secretary of State

DOCUMENT # P03000086829	
1. Entity Name HANDYMAN TECHNICIANS INC.	

Principal Place of Business 6841 NW 2ND AVE FORT LAUDERDALE, FL 33309	Mailing Address 6841 NW 2ND AVE FORT LAUDERDALE, FL 33309
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06142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0138185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ DE CASTRO, ALAOR 6841 NW 2ND AVE FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FERNANDES DE CASTRO, ALAOR 6841 NW 2ND AVE FORT LAUDERDALE, FL 33309
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06/20/05-80002-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  6-1-05 954-588-9806
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR Date Daytime Phone #