

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90034 006 ***150.00

DOCUMENT # P03000089611

1. Entity Name

HANDS ON SERVICES, INC.



Principal Place of Business

9868 SANDALFOOT BLVD #220
BOCA RATON FL 33428

Mailing Address

9868 SANDALFOOT BLVD #220
BOCA RATON FL 33428



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

10005 COUNTRY BROOK RD

3. Mailing Address

10005 COUNTRY BROOK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON

City & State

FL

City & State

BOCA RATON FL

Zip

33428

Country

PALEMBANG

Zip

33428

Country

PALM BEACH

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-0159608

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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's signature required when reappointing.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LATOPOLSKI, STANLEY J	
STREET ADDRESS	9868 SANDALFOOT BLVD #220	
CITY- ST- ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY- ST- ZIP		
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 list empowered.

SIGNATURE:

Stanley J. Latopolski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/08

561-852-8333

Date

Daytime Phone #