

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100887

FILED
Apr 29, 2005
Secretary of State

Entity Name: ON TIME HANDYMAN PROFESSIONALS, INC.

Current Principal Place of Business:

401 NW 3 AVE
OCALA, FL 34475

New Principal Place of Business:

2211 N E 14TH STREET
OCALA, FL 34470

Current Mailing Address:

401 NW 3 AVE
OCALA, FL 34475

New Mailing Address:

2211 N E 14TH STREET
OCALA, FL 34470

FEI Number: 20-0208481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACKETT, CHARLENE E
401 NW 3 AVE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

RACKETT, CHARLENE E
2211 N E 14TH STREET
OCALA, FL 34470 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RACKETT, CHARLENE E
Address: 401 NW 3 AVE
City-St-Zip: OCALA, FL 34475

Title: V () Delete
Name: RACKETT, MALCOLM P III
Address: 401 NW 3 AVE
City-St-Zip: OCALA, FL 34475

Title: V (X) Delete
Name: RACKETT, GARY
Address: 401 NW 3 AVE
City-St-Zip: OCALA, FL 34475

Title: T (X) Delete
Name: TSETSEKAS, DEANNA
Address: 40347 US HWY 19 N STE 136
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RACKETT, CHARLENE E
Address: 2211 N E 14TH STREET
City-St-Zip: OCALA, FL 34470

Title: V (X) Change () Addition
Name: RACKETT, MALCOLM P III
Address: 2211 N E 14TH STREET
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE E RACKETT

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date