2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 14, 2007
Secretary of State

DOCUMENT# P03000100887

Entity Name: ON TIME HANDYMAN PROFESSIONALS, INC.

Current Principal Place of Business:

2211 N E 14TH STREET
OCALA, FL 34470

New Principal Place of Business:

57 ALMOND PASS DRIVE
OCALA, FL 34471

Current Mailing Address:

2211 N E 14TH STREET
OCALA, FL 34470

New Mailing Address:

57 ALMOND PASS DRIVE
OCALA, FL 34471

FEI Number: 20-0208481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RACKETT, CHARLENE E
57 ALMOND PASS DRIVE
OCALA, FL 34471 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: CHARLENE E RACKETT 11/14/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: RACKETT, MALCOLM P JR
Address: 2211 NE 14TH STREET
City-St-Zip: OCALA, FL 34470

Title: VP (X) Delete
Name: RACKETT, GARY B
Address: 2211 N E 14TH STREET
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RACKETT, GARY B
Address: 57 ALMOND PASS DRIVE
City-St-Zip: OCALA, FL 34471

Title: VP (X) Change ( ) Addition
Name: RACKETT, CHARLENE E
Address: 57 ALMOND PASS DRIVE
City-St-Zip: OCALA, FL 34471

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 VP 11/14/2007
Electronic Signature of Signing Officer or Director Date