

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103956

FILED
Apr 15, 2009
Secretary of State

Entity Name: 2 NICE GUYS PROPERTY MAINTENANCE AND HANDYMAN SERVICE, INC.

Current Principal Place of Business:

2169 DOMINICA AVE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

2169 DOMINICA AVE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 81-0632547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMAN, ROBERT A
2169 DOMINICA AVE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

PREMAN, ROBERT A
3209 69TH ST W
LEHIGH ACRES, FL 33971 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PREMAN, ROBERT A
Address: 2169 DOMINICA AVE
City-St-Zip: FORT MYERS, FL 33905

Title: V () Delete
Name: HODGDON, MICHAEL D
Address: 2169 DOMINICA AVE
City-St-Zip: FORT MYERS, FL 33905

Title: S () Delete
Name: PREMAN, AVERILL M
Address: 2169 DOMINICA AVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PREMAN, ROBERT A
Address: 3209 69TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

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

Title: S (X) Change () Addition
Name: PREMAN, AVERILL M
Address: 3209 69TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

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: AVERILL M PREMAN

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date