

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90002 036 \*\*\*150.00

**DOCUMENT # P03000104230**

1. Entity Name  
**HANDYMAN C.A., INC.**



Principal Place of Business  
**954 WEST RIVER DR.  
MARGATE, FL 33063**

Mailing Address  
**954 WEST RIVER DR.  
MARGATE, FL 33063**

**54056464**



2. Principal Place of Business  
**954 W River Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**954 W River Dr**  
Suite, Apt. #, etc.

05182004 Chg-P CR2E034 (10/03)

City & State  
**Margate FL**  
Zip Country  
**33063 Broward**

City & State  
**Margate FL**  
Zip Country  
**33063 Broward**

4. FEI Number  
**42-1604757**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ISLAS, CARLOS A.  
954 WEST RIVER DR.  
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name  
**Carlos Islas**  
Street Address (P.O. Box Number is Not Acceptable)  
**954 W River Dr**  
City **Margate** FL Zip Code  
**33063**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ISLAS, CARLOS A**  
STREET ADDRESS **954 WEST RIVER DR.**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(954) 969-9423**



## Division of Corporations

### 2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P03000104230
Business Entity Name	HANDYMAN C.A., INC.
Original File Date	09/18/2003

FEI Number

Principal Address 954 WEST RIVER DR.  
MARGATE, FL 33063

Mailing Address 954 WEST RIVER DR.  
MARGATE, FL 33063

Registered Agent CARLOS A ISLAS  
954 WEST RIVER DR.  
MARGATE, FL 33063

Officer/Director Name And Address

D  
CARLOS A ISLAS  
954 WEST RIVER DR.  
MARGATE, FL 33063

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

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