

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000111095

1. Entity Name
R & K HANDYMAN SERVICES, INC.



Principal Place of Business
**1400 WHITMAN DR
W MELBOURNE, FL 32904**

Mailing Address
**1400 WHITMAN DR
W MELBOURNE, FL 32904**

DO NOT WRITE IN THIS SPACE



09072005 No Chg-P CR2E034 (10/03)

4. FEI Number
61-1462103

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, ALLEN
20887-A SARNO RD
MELBOURNE, FL 32935**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONCEPCION, ROLANDO
STREET ADDRESS	1400 WHITMAN DR
CITY - ST - ZIP	W MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000378103
09/09/05-80005-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

9-7-05 321-259-7769