

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111095

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



FILED

07 JUN 14 PM 1:02

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
1400 WHITMAN DR
W MELBOURNE, FL 32904

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06042007 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
61-1462103
Applied For
Not Applicable

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Steven Caruso
Street Address (P.O. Box Number is Not Acceptable): 486 N Harbor City Blvd
City: Melbourne FL Zip Code: 32935

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: Steven Caruso

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 ☐ Delete
NAME: CONCEPCION, ROLANDO
STREET ADDRESS: 1400 WHITMAN DR
CITY-ST-ZIP: W MELBOURNE, FL 32904

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rolando Concepcion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #