


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90424 046 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P03000112427 1. Entity Name M&D HANDYMAN SERVICES, INC. | | | |  | |
| Principal Place of Business 348 CONCH SHELL LANE #200 CASSELBERRY, FL 32707 | | | Mailing Address 348 CONCH SHELL LANE #200 CASSELBERRY, FL 32707 | | |
| 2. Principal Place of Business 276 Hunters Point Tr. Suite, Apt. #, etc. | | 3. Mailing Address 276 Hunters Point Tr. Suite, Apt. #, etc. | | | |
| City & State Longwood FL | | City & State Longwood FL | | 4. FEI Number 20-0301774 | |
| Zip 32779 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PORTER, MARGARET D 348 CONCH SHELL LANE #200 CASSELBERRY, FL 32707 | | | 7. Name and Address of New Registered Agent Name Porter, Margaret D Street Address (P.O. Box Number Not Acceptable) 276 Hunters Point Tr. City Longwood FL Zip Code 32779 | | |
| 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 <u><i>Margaret Porter</i></u> DATE <u><i>4/29/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P | NAME PORTER, MARGARET D | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 348 CONCH SHELL LANE #200 | CITY-ST-ZIP CASSELBERRY, FL 32707 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE ST | NAME YEAGER, DENNIS | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 348 CONCH SHELL LANE #200 | CITY-ST-ZIP CASSELBERRY, FL 32707 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u><i>Margaret Porter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u><i>4/29/05</i></u> Daytime Phone # | | |