

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000120461

1. Entity Name  
GLENN BRITTON HANDYMAN INC.



Principal Place of Business  
4425 FARLEY LN  
TALLAHASSEE, FL 32310

Mailing Address  
4425 FARLEY LN  
TALLAHASSEE, FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262004

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITTON, GLENN  
4425 FARLEY LN  
TALLAHASSEE, FL 32310

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

800028321628  
02/08/04--01024--020 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BRITTON, GLENN S  
STREET ADDRESS 4425 FARLEY LN  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE V ☐ Delete  
NAME HUTTO, BILL  
STREET ADDRESS 4449 FARLEY LN  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
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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 #

FILED

04 JAN 26 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Chg-P

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1-26-04