## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000124974

Entity Name: ROBERT'S HANDYMAN SERVICES, INC.

FILED Jul 20, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX SARASOT	25721 A, FL 3427727	21			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX SARASOT	25721 A, FL 3427727	21			
FEI Number	: 20-0391546	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SARASOT The above	e named entity s e of Florida.	US	ourpose of changing its registere	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	(2)(b), F.S., the corporation did no Trust Fund Contribution().	·		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SUMMERALL, R P.O. BOX 25721 SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () SUMMERALL, R P.O. BOX 25721 SARASOTA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SUMMERALL PD 07/20/2005