


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-01-2006 90315 014 ***150.00

DOCUMENT # P03000124974 1. Entity Name ROBERT'S HANDYMAN SERVICES, INC.			
Principal Place of Business P.O. BOX 25721 SARASOTA FL 34277-2721		Mailing Address P.O. BOX 25721 SARASOTA FL 34277-2721	
2. Principal Place of Business <i>None</i>		3. Mailing Address <i>5553 Rollingwood Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Sarasota FL</i>		City & State	
4. FEI Number 20-0391546		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMMERALL, ROBERT 5553 ROLLINGWOOD DRIVE SARASOTA FL 34242		7. Name and Address of New Registered Agent Name: <i>Robert H. Summerall</i> Street Address (P.O. Box Number is Not Acceptable): <i>5553 Rollingwood Dr.</i> City: <i>Sarasota</i> FL Zip Code: <i>34232</i>	
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 registration. SIGNATURE: <i>[Signature]</i> DATE: <i>2/16/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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: PD NAME: SUMMERALL, ROBERT STREET ADDRESS: P.O. BOX 25721 CITY-ST-ZIP: SARASOTA FL 34277-2721	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: SUMMERALL, ROBERT STREET ADDRESS: P.O. BOX 25721 CITY-ST-ZIP: SARASOTA FL 34277-2721	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 officer 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>2/16/06</i> <small>Date</small>	
		Daytime Phone #	