2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000131231

1. Entity Name

NORM'S DETAILED HANDYMAN SERVICES, INC.

Principal Place of Business	Mailing Address
615 AURORA STREET SOUTH DAYTONA FL 32119	615 AURORA STREET SOUTH DAYTONA FL 32119

MOORE   CR2E034 (11/03)

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country *Volusia*	Zip	Country *Volusia*

4. FEI Number *20-0383022*   ☐ 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
BERARD, NORMAND 615 AURORA STREET SOUTH DAYTONA FL 32119	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

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME **BERARD, NORMAND** STREET ADDRESS **615 AURORA STREET** CITY-ST-ZIP **SOUTH DAYTONA FL 32119**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VP** NAME **BERARD, MOLLYJO** STREET ADDRESS **615 AURORA STREET** CITY-ST-ZIP **SOUTH DAYTONA FL 32119**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: *Normand Berard*   NORMAND A.J. BERARD   29 MAR 04   304-7836

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #